MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-C)

66489

CERTIFICATE OF DEATH

Reg. Dist. No. 132

1. PLACE OF DEATH:
County Frederick
City or town Middletown
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or Inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 33 Years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Frederick
City or town Middletown Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR No

3. (a) FULL NAME Mrs Jennie Nicodemus Ahalt

3. (b) Social Security Number No

4. Sex: Female
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Howard N. Ahalt
6(c) If alive, give age: 72 years
7. Birth date of deceased (mo., day, yr.): Jan. 13, 1869
8. AGE: Years 71 Months 4 Days 19 If less than one day: hrs. min.
9. Birthplace: Keedysville, Washington County, Md.
(Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business
FATHER 12. Name: John Nicodemus
13. Birthplace: Keedysville, Md
MOTHER 14. Maiden name: Mary Keedy
15. Birthplace: Keedysville Md.
16. Informant: Earl Ahalt
Address: York, Penna.
17. Burial (Burial, cremation, or removal? Which?) Date thereof June 5 1940 (month) (day) (year)
Cemetery or crematory: Lutheran Cemetery
Location: Middletown, Md.
18. Funeral director: Gladhill Co.
Address: Middletown, Md
19. June 5th 1940 (Date rec'd by registrar) D. Toogood Samuel Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 2 1940, at 9 P M
21. I CERTIFY that death occurred on the date above stated: that I attended deceased from December 1937, to June 2 1940, and that I last saw her alive on June 2 1940.

	DURATION
Immediate cause of death: Cerebral Hemorrhage	6 hours
Due to: Hypertension	3 yrs
Due to: Arteriosclerosis	5 yrs
Other conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Richard H Todd, M.D.
M. D. or other
Address Middletown, Md Date signed 6/4/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUN 6 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (170-C)

C6490

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County: Frederick City Hospital

City or ~~town~~: Frederick, Md.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Frederick City Hospital

Stay in hospital or inst. (yrs., or mos., or days): 1 day

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Carroll

City ~~or town~~: Westminster Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.: John St

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: None

3. (a) FULL NAME

Barbour, Mr. Kurgy E.

3. (b) Social Security Number

213-14-0247

4. Sex: M

5. Color or race: W

6. (a) ~~Single~~, married, ~~widowed, or divorced~~: Married

6 (b) Name of ~~husband or~~ wife: Arville Barbour

6(c) If alive, give age: 26 years

7. Birth date of deceased (mo., day, yr.): April 25, 1913

8. AGE: Years: 27 yrs. Months: 1 Days: 26 If less than one day: hrs. min.

9. Birthplace: Va. (Town, county, and state)

10. Usual occupation: Garage man

11. Industry or business:

FATHER

12. Name: Huston C. Barbour

13. Birthplace: Va.

MOTHER

14. Maiden name: not known

15. Birthplace: " "

16. Informant: Mrs K. E. Barbour

Address: Westminster Md

17. Burial (Burial, ~~cremation, or removal. Whirld~~) Date thereof: June 22 1940 (month) (day) (year)

Cemetery or ~~crematory~~: Meadow Branch Cemetery

Location: near Westminster Md

18. Funeral director: J. Francis Reese

Address: Westminster Md.

19. 20-June 1940 (Date rec'd by registrar) Ira J. McCurdy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 20 1940, at 4.15 A M

21. I CERTIFY, ~~that death occurred on the date above stated; that I attended deceased from~~ ~~19~~ ~~, to~~ ~~19~~ and that I last saw him ~~alive~~ dead on June 20 1940

Immediate cause of death: Intracranial hemorrhage — DURATION: 12 hrs

Due to: Fracture of Pelvis — 12 hrs

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, ~~suicide, or homicide~~: Accident Date of: 6.19.40

Where did injury occur? Highway near Tompkins (City or town) (County) (State)

Injured at home, farm, industry, public place (where?): Public Place

Means of injury: Fell from truck Injured at work? Yes

23. SIGNATURE: R W Bose Deputy Med. Ex. M. D. or other

Address: Frederick, Md Date signed: 6.20.40

RECEIVED
JUL 5 1940
BUREAU V

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46-B)

WITHIN CORPORATE LIMITS OF

CERTIFICATE OF DEATH

06491

Reg. Dist. No. 14

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Frederick
City or town Brunswick
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Schauffler Hospital
Stay in hospital or inst. (yrs., or mos., or days) 24 days.
Stay in this community (yrs., or mos., or days) 45 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Fred.
City or town Boyers Mills Bank Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Sarah Matilda Barger

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Married.

6 (b) Name of husband or wife Charles Howard Barger
6(c) If alive, give age ~~69~~ 70 years

7. Birth date of deceased (mo., day, yr.) Sept. 7th 1872

8. AGE:

Years	Months	Days	If less than one day
68	9	2	____ hrs. ____ min.

9. Birthplace Maryland.
(Town, county, and state)
10. Usual occupation Housewife.
11. Industry or business
FATHER 12. Name Andrew Snyder
13. Birthplace Maryland.
MOTHER 14. Maiden name Sarah Barger
15. Birthplace Maryland.
16. Informant C. H. Barger
Address Brunswick Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof June 8 - 1940 (month) (day) (year)
Cemetery or crematory Park Heights
Location Brunswick
18. Funeral director C. H. Fuete & Bro
Address Brunswick Md.
19. June 8 1940 (Date rec'd by registrar) Mrs H. L. Hedges Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6/5 1940, at 6 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 15 1940, to June 5 1940, and that I last saw ~~her~~ alive on June 5 1940.

	DURATION
Immediate cause of death Carcinoma of Stomach & metastasis to Liver	3
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None.
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide None Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE William Schaeffer M.D. or other
Address Brunswick Md. Date signed June 7-40

RECEIVED
JUL 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (107)

06492

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick

City ~~or town~~ Frederick Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 124 W. Church St

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 4 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Frederick

City ~~or town~~ Frederick Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 124 W. Church St.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mrs Clara E. Belt

3. (b) Social Security Number none

4. Sex: Female

5. Color or race: White

6. (a) ~~Single, married, widowed, or divorced~~: Widow

6 (b) Name of husband ~~or wife~~: John A. Belt

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): June 5/1857

8. AGE: Years 82 | Months 11 | Days 28 | If less than one day ____ hrs. ____ min.

9. Birthplace: Maryland (Town, county, and state)

10. Usual occupation: House wife

11. Industry or business: —

FATHER

12. Name: Everin Anderson

13. Birthplace: Md.

MOTHER

14. Maiden name: Ellen Norwood

15. Birthplace: Md

16. Informant: Norman A. Belt

Address: Gaithersburg Md

17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof 6/5/40 (month) (day) (year)

Cemetery or ~~crematory~~: Hyattstown Md

Location: Hyattstown

18. Funeral director: Ernest C. Garten

Address: Gaithersburg Md

19. 3-Jun 1940 (Date rec'd by registrar) Ira J. McCurdy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 3 1940, at 2:40 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1 1940, to June 3 1940, and that I last saw her alive on June 3 1940.

Immediate cause of death: Myocardial insufficiency

DURATION: 1 wk.

Due to

Due to

Other conditions: Bronchi-Pneumonia

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE: A. Austin Pearre M.D. M.D. or other

Address: Frederick, Md. Date signed 6/3/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUL 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

94a

06493

Reg. Dist. No. 132

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

County Frederick

City or town Middletown, Md.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Frederick

City or town Middletown Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF YETERAN, NAME WAR mo

3. (a) FULL NAME Daniel C. Bidle

3. (b) Social Security Number mo

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	white	Married

6 (b) Name of husband or wife Ruth Bidle

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 6, 1863

8. AGE:

Years	Months	Days	If less than one day
77	4	1	hrs. min.

9. Birthplace Middletown Md. (Town, county, and state)

10. Usual occupation Retired farmer

11. Industry or business

FATHER 12. Name Adam Bidle

13. Birthplace Germany

MOTHER 14. Maiden name Unknown

15. Birthplace

16. Informant Ruth Bidle

Address Middletown Md.

17. Burial (Crypt) Date thereof June 10, 1940

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Frederick Memorial Park Inc.

Location Frederick, Md.

18. Funeral director Gladhill & Co.

Address Middletown, Md.

19. June 10 1940 D. Grayson Sommer.

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 7 1940, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 7 1940, to June 7 1940, and that I last saw h alive on June 7 1940.

Immediate cause of death	DURATION
Coronary Occlusion	(sudden)
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations None

Of autopsy None

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. Edwin Harp M. D. or other

Address Middletown Date signed 6-10-40

RECEIVED
JUL 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (23-a)

Reg. Dist. No. 137

66494

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) County Frederick
(b) City or town Rural New London (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 60 yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Frederick
(c) City or town (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A. Unknown years

3 (a) **FULL NAME** Malone D. Clinton Biggus

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex Male | 5. Color or race Negro Black | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Isobel Biggus

6. (c) If alive, give age 75 years

7. Birth date of deceased (mo., day, yr.) Jan. 14 - 1859

8. AGE: Years 81 | Months 4 | Days 29 | If less than one day ____ hr., ____ min.

9. Birthplace Near Clinton Bridge, Md. (Town, county, and state)

10. Usual occupation Farm Laborer

11. Industry or business Farm Laborer

FATHER
12. Name Solomon Biggus
13. Birthplace Md.

MOTHER
14. Maiden Name Lavinia Wright
15. Birthplace Md.

16 (a) Informant Isobel Biggus
(b) Address Frdk. R. F. D. 1

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 15 1940 (Month) (day) (year)
(c) Cemetery or crematory Old Fields
Location Near Libertytown

18 (a) Funeral director Lowell H. Waugh
(b) Address Libertytown Md.

19 (a) June 14 1940 (Date rec'd by registrar) (b) W. D. Centuman Registrar

MEDICAL CERTIFICATION

20. Date of death June 13 1940 at 3:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 13 19 40 to June 13 19 40 and that I last saw him alive on June 13 19 40.

	Duration
Immediate cause of death Cerebral Hem.	2 days
Due to Arteriosclerosis	Unknown
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ira N. Beall, M.D. (M. D. or other)
Address Libertytown Date signed June 14/40

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 137

CERTIFICATE OF DEATH

06495

1. PLACE OF DEATH:
(a) County Frederick
(b) City or town Johnsville (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED
(a) State Maryland (b) County Frederick
(c) City or town Johnsville District (If outside city or town limits, write RURAL and give town)
(d) Street No. Union Bridge R.F.D. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Jennie Lavenia Boone

3 (b) If veteran, name war | 3 (c) Social Security No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband ~~or wife~~ Thomas W Boone

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 28th 1871

8. AGE: Years 68 | Months 6 | Days 6 | If less than one day ____ hr. ____ min.

9. Birthplace Md (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Solomon Fogle
13. Birthplace Md

MOTHER
14. Maiden Name Susan A Yingling
15. Birthplace Md

16 (a) Informant Jesse Boone
(b) Address Union Bridge Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 7th 1940 (month) (day) (year)
(c) Cemetery or crematory Beaver Dam
Location Johnsville Dist

18 (a) Funeral director Powell & Albaugh
(b) Address Liberty town Md

19 (a) June 5-40 (Date rec'd by registrar) (b) W D Cuzfuran Registrar

MEDICAL CERTIFICATION

20. Date of death June 4 1940 at 1.30 a M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1940, to June 4 1940 and that I last saw him alive on June 4 1940

Immediate cause of death Congrid Protrac | Duration

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J H Musselman M.D. M. D. or other
Address Johnsville Date signed June 5, 40

VS. A15 MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CEIVED
JUL 3 1940
U. S.

06496

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (9)

CERTIFICATE OF DEATH

Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A1b

1. PLACE OF DEATH:
County Frederick
City or town Frederick City Hospital
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred: Frederick City Hospital
How long in hospital or institution? 10 Days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)
Street No. 330 E. 5th St.
(If rural, give LOCATION)
2.(a) If veteran, name war —

3.(a) FULL NAME Nancy Elaine Burrier | **3.(b) Social Security Number** —

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single

6.(b) Name of husband or wife —
6.(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Jan. 25 - 1940

8. AGE:

Years	Months	Days	If less than one day
0	5	5	hrs. min.

9. Birthplace Frederick City
(Town, county, and state)

10. Usual occupation —

11. Industry or business —

FATHER
12. Name Edwin L. Burrier
13. Birthplace Walkersville Md

MOTHER
14. Maiden name Margaret A. Bussard
15. Birthplace Thurmont Md

16. Informant Edwin L. Burrier
Address 330 E. 5th St Frederick Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 3-40 (month) (day) (year)
Cemetery or ~~cemetery~~ Mt. Hope
Location Woodsboro Md
18. Funeral director Mt. Hope Home
Address Thurmont Md

19. 2 July 1940 (Date rec'd by registrar) Ira J. McCurdy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 30 1940 at 11 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 20 1940 to June 30 1940 and that I last saw h— alive on June 30 1940

Immediate cause of death	DURATION
Bronchopneumonia	4 days
Due to Pertussis, Otitis Media	10 days
Due to Malnutrition, Avitaminosis	5-7 mo.
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Howard W. Ark M.D.
M. D. or other
Address Frederick, Md. Date signed 7-1-40.

RECEIVED
JUL 5 1940
BUREAU V

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (13b)

06497

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH:

County: Frederick

City or town: Sanatorium . Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: State Sanatorium.

Stay in hospital or inst. (yrs., or mos., or days): 11 Days

Stay in this community (yrs., or mos., or days): 11 Days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Frederick

City or town: Limekiln. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Smith Cecil

3. (b) Social Security Number: 184-09-4274

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife: Elizabeth F Cecil

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): September 4 1876

8. AGE: Years: 63 Months: 9 Days: 4 If less than one day ____ hrs. ____ min.

9. Birthplace: Hayattstown, Montg. Co. Md.
(Town, county, and state)

10. Usual occupation: Salesman

11. Industry or business

FATHER
12. Name: Otho F Cecil
13. Birthplace: Montg. Co Md.

MOTHER
14. Maiden name: Ida A Smith
15. Birthplace: Montg. Co. Md.

16. Informant: Smith Cecil
Address: Limekiln Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: June 11 1940 (month) (day) (year)

Cemetery or crematory: Friend's Burial Ground

Location: Baltimore. Md.

18. Funeral director: M.R.Etchison & Son
Address: Frederick Md.

19. 6/8/1940 (Date rec'd by registrar) 19 [signature] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 8 1940 P.M. 10.40

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 29 1940, to June 8 1940, and that I last saw him alive on June 8 1940.

Immediate cause of death: Pulmonary Tuberculosis — DURATION: 33Yrs

Due to: Tubercle Bacilli

Due to:

Other conditions: Fatal Hemoptysis
(Include pregnancy within 3 months of death)

Major findings:
Of operations: none
Of autopsy: none

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE: [signature] M.D. M. D. or other

Address: State Sanatorium, Md Date signed: 6/8/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUL 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (1702)

06498

CERTIFICATE OF DEATH

Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH:

County Frederick

City or town Fre Derick (From T. Fields)

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Frederick City Hospital

Stay in hospital or inst. (yrs., or mos., or days) One day

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Montgomery

City or town Clarksburg, Rural Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR none

3. (a) FULL NAME Millard Chase

3. (b) Social Security Number None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
male	colored	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1916

8. AGE: Years 23 | Months | Days | If less than one day hrs. min.

9. Birthplace Centerville, Frederick, Md. (Town, county, and state)

10. Usual occupation Farm Laborer

11. Industry or business

FATHER 12. Name Marshall Chase

13. Birthplace Centerville, Md.

MOTHER 14. Maiden name Sarah Hackey

15. Birthplace Centerville

16. Informant Sarah Chase Snowden

Address Centerville, Md

17. Burial (Burial, cremation or removal. Which?) Date thereof June 25, 1940 (month) (day) (year)

Cemetery or crematory Mountain View

Location W. Frederick, Md

18. Funeral director Henry E. Canty Co

Address Frederick, Md.

19 24 June 19 40 (Date received by registrar) J. M. Crumbaugh Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 23 1940, 6.30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 to 19

and that I last saw h alive on June 23 19 40.

Immediate cause of death Fracture of skull, Jaw, both femurs. Internal injuries

DURATION: Immediate

Due to

Due to automobile accident

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Ot operations

Ot autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of June 23 40

Where did injury occur? Route 75 Frederick Co. (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Route 75

Means of injury Automobile Injured at work? No

DR. R. W. BAER DEPUTY CORONER

23. SIGNATURE R. W. Baer M. D. or other

Address Frederick, Md Date signed 6-24-40

RECEIVED
JUL 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (94a)

06499

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:
County Frederick ~~City~~
City ~~or town~~ Frederick
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Frederick City Hospital
Stay in hospital or inst. (yrs., or mos., or days) 2 days
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Montgomery
~~City or town~~ Seneca Rural Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR No

3. (a) FULL NAME Darby, Mr. Thomas D.

3. (b) Social Security Number No-

4. Sex M
5. Color or race W
6. (a) Single, ~~married, widowed, or divorced~~ Single
6 (b) Name of husband or wife
6(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Oct 29 - 1867
8. AGE: Years 72 Months 7 Days 22 If less than one day hrs. min.
9. Birthplace Seneca, Monty. Co. Md (Town, county, and state)
10. Usual occupation Farmer
11. Industry or business
FATHER 12. Name Thomas D. Darby
13. Birthplace Maryland
MOTHER 14. Maiden name Elizabeth Dawson
15. Birthplace Maryland
16. Informant Harry Darby
Address Beallsville, Md
17. Burial (Burial, ~~cremation or removal. Which?~~) Date thereof 6/23/40 (month) (day) (year)
Cemetery ~~or crematory~~ Monocacy
Location Beallsville
18. Funeral director William B. Hilton
Address Barnesville Md
19. 22-June 1940 (Date rec'd by registrar) Ira J. McCurdy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 21 1940, at 7 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 20 1940, to June 21 1940, and that I last saw him alive on June 21 1940.

Immediate cause of death Acute Coronary Occlusion — CURATION 2 days
Due to
Due to
Other conditions Arteriosclerosis (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE A. Austin Pearre M.D. M. D. or other
Address Frederick, Md. Date signed 6/21/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUL 5 1940
BUREAU V

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-2)

CERTIFICATE OF DEATH

06500

Reg. Dist. No. 131

1. PLACE OF DEATH:
County Frederick
City ~~or town~~ Frederick Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 149 W. Patrick St.
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 30 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Frederick
City ~~or town~~ Frederick Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 149 W. Patrick
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME Robert Harold Davidge

3. (b) Social Security Number None

4. Sex: Male
5. Color or race: White
6. (a) ~~Single, married, widowed, or divorced~~: Widower
6 (b) Name of ~~husband~~ or wife: Georgia Marmon
6(c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.): 1874
8. AGE: Years 66 | Months | Days | If less than one day ____ hrs. ____ min.
9. Birthplace: Phila. Pa. (Town, county, and state)
10. Usual occupation: Merchant
11. Industry or business: Typewriter Supply + Repairs

FATHER
12. Name: Wm J. Davidge
13. Birthplace: Manchester England

MOTHER
14. Maiden name: Margaret Harold
15. Birthplace: Phila. Pa.

16. Informant: Mrs. Marjorie Osterhout
Address: Brooklyn N. Y.

17. Burial (Burial, cremation or removal. Which?) Date thereof June 11-1940 (month) (day) (year)
Cemetery ~~or crematory~~: Cypress Hill
Location: Brooklyn N. York

18. Funeral director: C.E. Cline & Son
Address: Frederick Maryland

19. 10-June 1940 (Date rec'd by registrar) Wm J. McSurely Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 7 1940, at 11 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 15 1940 to June 7 1940 and that I last saw him alive on June 7 1940

Immediate cause of death: Acute dilatation of heart — DURATION: 7 weeks
Due to: Chronic myocarditis

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations: X
Of autopsy: X

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE: Wm M. Smith M.D.
M. D. or other
Address: Frederick, Md. Date signed: June 8-40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
JUL 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (61)

CERTIFICATE OF DEATH

06501

Reg. Dist. No. 13

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS 215

1. PLACE OF DEATH:

County: Frederick

City or ~~town~~: Frederick
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Frederick City Hospital

Stay in hospital or inst. (yrs., or mos., or days): 10 Days

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Frederick

~~City~~ or town: Kemptown Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Monrovia R.F.D.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: NONE

3. (a) FULL NAME: Mrs. Carrye Olivia Davis

3. (b) Social Security Number: NONE

4. Sex	5. Color or race	6. (a) ~~Single~~, married, ~~widowed, or divorced~~
Female	White	Married

8 (b) Name of husband or ~~wife~~: Ira L. Davis

6(c) If alive, give age: 58 years

7. Birth date of deceased (mo., day, yr.): December 15, 1887

8. AGE: Years	Months	Days	If less than one day
52	5	17	____ hrs. ____ min.

9. Birthplace: Hyattstown, Fred., Co., Md.
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: At Home

FATHER
12. Name: Luther D. Warfield
13. Birthplace: Urbana, Fred., Co., Md.

MOTHER
14. Maiden name: Ella Bella Tabler
15. Birthplace: Hyattstown, Fred., Co., Md.

16. Informant: Mr. Ira L. Davis
Address: Kemptown, Md.

17. Burial (Burial, ~~cremation or removal. Which?~~) Date thereof 6/4/40 (month) (day) (year)

Cemetery or ~~crematory~~: Hyattstown Methodist Cem.

Location: Hyattstown, Md.

18. Funeral director: M. R. Etchison & Son

Address: Frederick, Md.

19. 4 June 1940 (Date rec'd by registrar) Ira J. McSurdy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 2 1940 at 2 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 20 1940 to June 2 1940, and that I last saw h~~er~~ alive on June 2 1940

	DURATION
Immediate cause of death: Cerebral Hemorrhage	5/29/40
Due to: Arteriosclerosis	
Due to: Chronic Nephritis	
Due to: Diabetes Mellitus	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: —
Of autopsy: No

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ____ Date of ____

Where did injury occur? ____ (City or town) ____ (County) ____ (State)

Injured at home, farm, industry, public place (where?): ____

Means of injury: ____ Injured at work?

23. SIGNATURE: H. L. Fleshman M. D. ~~or other~~

Address: Frederick Rt. 4 Date signed: 6/3/40

RECEIVED
JUL 5 1940
BUREAU V. S.

06502

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83a)

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH

County Frederick

City ~~or town~~ Frederick
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Frederick City Hospital

Stay in hospital or inst. (yrs., or mos., or days) 12 days

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Montgomery

City or town Gaithersburg Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Frederick Road.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mrs Laura Easton

3. (b) Social Security Number none

4. Sex Female

5. Color or race White

6. (a) ~~Single~~, married, ~~widowed, or divorced~~ married

B (b) Name of husband ~~or wife~~ Mr. Zedox Easton

6(c) If alive, give age 71 years

7. Birth date of deceased (mo., day, yr.) Oct 29 - 1871

8. AGE: Years 68? Months 7 Days 5 If less than one day ___ hrs. ___ min.

9. Birthplace Laytonsville, Maryland
(Town, county, and state)

10. Usual occupation House - wife

11. Industry or business

FATHER
12. Name William Reed
13. Birthplace Laytonsville, Md

MOTHER
14. Maiden name Sarah Thompson
15. Birthplace Laytonsville, Md.

16. Informant Mrs Louise Diggs

Address 2100 - 19th St. N. W. Washington D.C.

17. Burial
(Burial, ~~cremation, or removal. Which?~~)

Date thereof June 6 194
(month) (day) (year)

Cemetery or ~~cremetery~~ Forest Oak.

Location Gaithersburg Md

18. Funeral director Roy W Barber

Address Laytonsville Md

19. 4-June 1940 (Date rec'd by registrar) Ira J. McCurdy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 4 1940, at 1 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 23 1940, to June 4 1940 and that I last saw her alive on June 4 1940.

Immediate cause of death Cerebral Haemorrhage — DURATION 1 wk

Due to

Due to Arteriosclerosis

Other conditions Chronic Arthritis, Bronchi-Pneumonia — 1 yr.
(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE A. Austin Pearre M.D.
M. D. or other

Address Frederick, Md Date signed 6/5/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (106-a)

Reg. Dist. No. 137

CERTIFICATE OF DEATH

06503

1. PLACE OF DEATH:

(a) County Frederick

(b) City or town Libertytown Rural
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) Life

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State (b) County

(c) City or town
(If outside city or town limits, write RURAL and give town)

(d) Street No.
(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles C Fisher

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex Male

5. Color or race Black

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Clara Fisher

6. (c) If alive, give age 56 years

7. Birth date of deceased (mo., day, yr.) May 3rd 1883

8. AGE: Years 57 Months 1 Days 24 If less than one day hr. min.

9. Birthplace Md
(Town, county, and state)

10. Usual occupation Laborer

11. Industry or business Farm

FATHER
12. Name James A Fisher
13. Birthplace Md

MOTHER
14. Maiden Name Louisa Hill
15. Birthplace Md

16 (a) Informant Clara Fisher
(b) Address Union Bridge Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 30 1940 (month) (day) (year)
(c) Cemetery or crematory Old Fields
Location Linganore Dist

18 (a) Funeral director Powell & Albaugh
(b) Address Libertytown Md

19 (a) June 27 1940 (Date rec'd by registrar) (b) M D Carpenter Registrar

MEDICAL CERTIFICATION

20. Date of death 6/27 1940, at 10 30 a M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 6 1940, to 6/27 1940, and that I last saw him alive on 6/24 1940.

Immediate cause of death Acute Purulent Bronchitis

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature J. H. Legg MD
M. D. or other

Address Union Bridge Date signed 6/27/40

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

06504

Reg. Dist. No. 141

WITHIN CORPORATE LIMITS OF

1. PLACE OF DEATH:
County: Frederick
City or town: Burkittsville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 71 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Fred.
City or town: Burkittsville Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Dallas Elizabeth Fox

3. (b) Social Security Number:

4. Sex: Female
5. Color or race: White
6. (a) Single. ~~Married, widowed, or divorced~~
B (b) Name of husband or wife: Single
6(c) If alive, give age: years
7. Birth date of deceased (mo., day, yr.): Oct. 15 1868
8. AGE: Years: 71 Months: 7 Days: 17 If less than one day: hrs. min.
9. Birthplace: Maryland (Town, county, and state)
10. Usual occupation:
11. Industry or business
FATHER 12. Name: Thomas E. Fox
13. Birthplace: Virginia
MOTHER 14. Maiden name: Mary E. Turner
15. Birthplace: Virginia
16. Informant: Miss Fannie Fox
Address: Burkittsville Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof June 4 1940 (month) (day) (year)
Cemetery or crematory: Union Cemetery Burkittsville Md.
Location: Burkittsville Md.
18. Funeral director: C. H. Fuss + Bro
Address: Brunswick Md.
19. June 8 1940 (Date rec'd by registrar) Mrs H L Hedges Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: JUNE 2 1940, at 2 A M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 10 1939 to June 2 1940, and that I last saw her alive on June 1 1940

	DURATION
Immediate cause of death: Cardiac insufficiency	3 days
Due to: Arteriosclerotic heart Disease	5 yrs
Due to:	
Other conditions: Hypertension (Include pregnancy within 3 months of death)	5 yrs.

Major findings:
Of operations: —
Of autopsy: —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Richard H. Todd M. D. or other
Address: Middletown, Md. Date signed 6/2/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (940)

06505

CERTIFICATE OF DEATH

Reg. Dist. No. 134

1. PLACE OF DEATH:
County Fredrick
City or town Emmitsburg
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 50 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Fredrick
City or town Emmitsburg Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME EMMA
Mrs. Enna K. Gelwicks

3. (b) Social Security Number
none

4. Sex Fm
5. Color or race white
6. (a) Single, married, widowed, or divorced widow
6 (b) Name of husband or wife James Gelwicks
6 (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) March 29, 1861
8. AGE: Years 79 Months 2 Days 23 If less than one day hrs. min.
9. Birthplace Fredrick Co, Md. (Graceham)
(Town, county, and state)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Owen Dorsey
13. Birthplace Fredrick Co, Md.
MOTHER
14. Maiden name Julia Hospleharn
15. Birthplace Frederick co. Md
16. Informant Mrs Joseph R. Hoke
Address Emmitsburg, Md.
17. Burial Date thereof June 24, 1940
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Mountain Vieu
Location Emmitsburg, Md.
18. Funeral director S. L. Allison
Address Emmitsburg, Md.
19. June 24 1940 M. F. Shuff
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 21 1940, at 7 30 A M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1926 19 , to June 21 1940,
and that I last saw her alive on June 21 1940.
Immediate cause of death coronary occlusion June 20 1940
DURATION
Due to Arteriosclerosis - several years
Due to Hypertensive cardio vascular disease - several years
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE W. R. Cadle M D
M. D. or other
Address Emmitsburg, Md Date signed 6-28-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

RECEIVED
JUL 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

06506

Reg. Dist. No. 139

1. PLACE OF DEATH:
County: Frederick
City or town: Sanatorium, Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: State Sanatorium
Stay in hospital or inst. (yrs., or mos., or days): 2Mos 15 Days
Stay in this community (yrs., or mos., or days): 2Mos 15 Days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County:
City or town: Baltimore. Ward No.:
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 19 N. Carey St.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: William S. Grantlin
3. (b) Social Security Number: none

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Widower
6 (b) Name of husband or wife: Annie Booker Grantlin
6(c) If alive, give age: years
7. Birth date of deceased (mo., day, yr.): December 15 1861

8. AGE: Years: 78 Months: 6 Days: 7 If less than one day: hrs. min.

9. Birthplace: Kent Co. Md.
(Town, county, and state)
10. Usual occupation: Carpenter
11. Industry or business:
FATHER 12. Name: David Grantlin
13. Birthplace: Maryland.
MOTHER 14. Maiden name: Sarah Bettz
15. Birthplace: Delaware
16. Informant: William S Grantlin
Address: Baltimore. Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof: June 24 1940 (month) (day) (year)
Cemetery or crematory: Louden Park Cem.
Location: Baltimore. Md.
18. Funeral director: M.L.Creager & Son
Address: Thurmont, Md.
19. [signature] (Date rec'd by registrar) 19 [signature] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 22 1940 5.20 A.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 7 1940, to June 22 1940, and that I last saw him alive on June 21 1940.

Immediate cause of death	DURATION
Pulmonary Tuberculosis	8Mos
Due to Tubercle Bacilli	
Due to	
Other conditions Generalized Arteriosclerosis (Include pregnancy within 3 months of death)	

Major findings:
Of operations: none
Of autopsy: none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: John E. Goodpasture M.D. (M. D. or other)
Address: State Sanatorium, Md. Date signed: 6/22/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUL 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (108)

06507

CERTIFICATE OF DEATH

Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH:
County Frederick
City or town Frederick Rural
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Emergency Hospital
Stay in hospital or Inst. (yrs., or mos., or days) 1 Day
Stay in this community (yrs., or mos., or days) 5 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Frederick
City or town Brunswick Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME Louise Virginia Grayson

3. (b) Social Security Number None

4. Sex	5. Color or race	6. (a) Single, married, widowed or divorced
Female	Col	Married

6 (b) Name of husband or wife Richard Grayson
6(c) If alive, give age 32 years

7. Birth date of deceased (mo., day, yr.) July 4 - 1906

8. AGE: Years	Months	Days	If less than one day
33	11	10	hrs. min.

9. Birthplace Virginia (Town, county, and state)
10. Usual occupation Domestic
11. Industry or business
FATHER 12. Name Daniel Carter
13. Birthplace Virginia
MOTHER 14. Maiden name Virginia Nichols
15. Birthplace Virginia
16. Informant Miss Adelaberger, Emergency
Address Hospital, Frederick, Md.
17. Burial (Burial, cremation, or removal, Which?) Date thereof June 17 1940 (month) (day) (year)
Cemetery or crematory St. Mary's
Location Petersville Md.
18. Funeral director C. H. Zile & Bro
Address Brunswick Md.
19. 14-June 1940 (Date rec'd by registrar) Ira J. McSurdy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 14 1940, at 8 10 AM
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 13 1940 to June 14 1940, and that I last saw her alive on June 14 1940.

Immediate cause of death	DURATION
Labor Pneumonia	?
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE B O Thomas M. D. or other
Address Frederick, Md Date signed 6/14/40

RECEIVED
JUL 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (89-a)

Reg. Dist. No. 131

06508

CERTIFICATE OF DEATH

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
(a) County Frederick
(b) City ~~or town~~ Frederick (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: 15 E. Third Street
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in this community (yrs., mos., or days) Life

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Frederick
(c) City ~~or town~~ Frederick (If outside city or town limits, write RURAL and give town)
(d) Street No. 15 East Third Street (If rural give location)
(e) If foreign born, how long in U. S. A.? —— years

3 (a) **FULL NAME** Nettie Haller

3 (b) If veteran, name war: None
3 (c) Social Security No.: None

4. Sex: Female | 5. Color or race: W | 6 (a) Single, ~~married, widowed, or divorced~~: Single

6 (b) Name of husband or wife ——

6. (c) If alive, give age —— years

7. Birth date of deceased (mo., day, yr.) 11-8-1864

8. AGE: Years 75 | Months 7 | Days 18 | If less than one day ——hr. ——min.

9. Birthplace Frederick Co. Md. (Town, county, and state)

10. Usual occupation Housekeeper

11. Industry or business Home

FATHER
12. Name Thomas Haller
13. Birthplace Frederick, Md.

MOTHER
14. Maiden Name Caroline R. Fessler
15. Birthplace Frederick, Md.

16 (a) Informant John Haller
(b) Address 15 E. 3rd. St.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 6-28-40 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Mt. Olivet
Location Frederick, Md.

18 (a) Funeral director C. E. Cline and Son
(b) Address Frederick, Md.

19 (a) 28-June-1940 (Date rec'd by registrar) (b) Ira F. McCurdy Registrar

MEDICAL CERTIFICATION

20. Date of death June 26 1940, at 11 45 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 16 1940, to June 26 1940, and that I last saw him alive on June 24 1940.

Immediate cause of death	Duration
Cerebral Hemorrhage	June 13
Due to	
Due to Arteriosclerosis	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. **Signature** A. Austin Pearre, M.D. (M. D. or other)
Address Frederick, Md. Date signed 6/27/40

Mr. Pearce

RECEIVED
JUL 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

06509

CERTIFICATE OF DEATH

Reg. Dist. No. 139

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Frederick

City or town: Sanatorium, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: State Sanatorium

Stay in hospital or inst. (yrs., or mos., or days): 1Yr 10Mos 19Days

Stay in this community (yrs., or mos., or days): 1Yr 10Mos 19Days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County:

City or town: Frederick Ward No.:
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 236 E Fifth St.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Adam Hensel

3. (b) Social Security Number: 214-10-1843

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife:

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): June 18 1888

8. AGE: Years: 52 | Months: 0 | Days: 2 | If less than one day: hrs. min.

9. Birthplace: Maryland
(Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business:

FATHER — 12. Name: Harmauis Hensel

13. Birthplace: Maryland

MOTHER — 14. Maiden name: Lillian Raymond

15. Birthplace: Maryland

16. Informant: Adam Hensel

Address: Frederick, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: June 22 1940 (month) (day) (year)

Cemetery or cremetory: Mt Olivet Cem.

Location: Frederick, Md.

18. Funeral director: M.R.Etchison & Son

Address: Frederick, Md.

19. 6/20/1940 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 20 1940, 5.20 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 1 1938 to June 20 1940, and that I last saw him alive on June 19 1940.

Immediate cause of death: Pulmonary Tuberculosis — DURATION: 2Yrs

Due to: Tubercle Bacilli

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations: none

Of autopsy: none

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: John E Goodpasture M.D.
M. D. or other

Address: State Sanatorium, Md. Date signed: 6/20/40

RECEIVED
JUL 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (92-B)

06510

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH:
County: Frederick
City or town: Sanatorium. Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: State Sanatorium.
Stay in hospital or inst. (yrs., or mos., or days): 5 Mos 19 Days
Stay in this community (yrs., or mos., or days): 5 Mos 19 Days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County:
City or town: Baltimore. Ward No.:
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 2620 Shirley Ave
(If rural give LOCATION)
2(a) IF YETERAN, NAME WAR:

3. (a) FULL NAME: Frederick Hess.

3. (b) Social Security Number:

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Widower

6 (b) Name of husband or wife: Unknown
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): November 6 1876

8. AGE:

Years	Months	Days	If less than one day
63	7	10	hrs. min.

9. Birthplace: Karlsbrucken Baden, Germany
(Town, county, and state)
10. Usual occupation: Seaman
11. Industry or business:
FATHER
12. Name: Ehrhardt Hess
13. Birthplace: Germany
MOTHER
14. Maiden name: Sofia Laudenschlagel
15. Birthplace: Germany
16. Informant: Frederick Hess
Address: Baltimore. Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof: June 19 1940 (month) (day) (year)
Cemetery or crematory: New Cathedral Cem.
Location: Baltimore. Md.
18. Funeral director: M.L Creager & Son.
Address: Thurmont, Md.
19. 6/16/1940 (Date rec'd by registrar) [signature] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 16 1940, at 7.00 A.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 28 1939, to June 16 1940, and that I last saw him alive on June 16 1940.

Immediate cause of death: Mitral Stenosis
Chronis Myocarditis
Cardiac Decomposition

DURATION: 8Mos

Due to:
Due to:
Other conditions:
(Include pregnancy within 3 months of death)
Major findings:
Of operations: none
Of autopsy: none

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: [signature] M.D.
M. D. or other
Address: State Sanatorium, Md. Date signed: 6/16/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 5 1940
BUREAU V. S.

not

WITHIN CORPORATE LIMITS OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

06511

CERTIFICATE OF DEATH

Reg. Dist. No. 141

1. PLACE OF DEATH:

County Frederick

City or town Knoxville
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: —

Stay in hospital or inst. (yrs., or mos., or days) —

Stay in this community (yrs., or mos., or days) 76 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Frederick.

City or town Knoxville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. —
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Emma Jane Holmes

3. (b) Social Security Number

4. Sex: Female

5. Color or race: white

6(a) Single, married, widowed, or divorced: married.

6 (b) Name of husband or wife: Clint Holmes

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.): April 2nd 1864

8. AGE: Years 76 | Months 2 | Days 10 | If less than one day ___ hrs. ___ min.

9. Birthplace: Md.
(Town, county, and state)

10. Usual occupation —

11. Industry or business —

FATHER
12. Name: Henry Harrison
13. Birthplace: Virginia

MOTHER
14. Maiden name: Caroline Long
15. Birthplace: Virginia

16. Informant: Mrs Wm Albright
Address: Knoxville Md.

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof: June 15, 1940
(month) (day) (year)

Cemetery or crematory: Cemetery.

Location: Knoxville Md.

18. Funeral director: C. H. Feete & Bro
Address: Brunswick, Md.

19. June 14 1940 (Date rec'd by registrar) Mrs H. S. Hedges Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 12 1940, at ___ M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 10 1940, to June 12 1940, and that I last saw her alive on June 11 1940.

Immediate cause of death: Cerebral Hemorrhage — DURATION: 2 days

Due to: Hypertension

Due to:

Other conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ___ Date of ___

Where did injury occur? ___ (City or town) ___ (County) ___ (State)

Injured at home, farm, industry, public place (where?) ___

Means of injury ___ Injured at work?

23. SIGNATURE: William Shrayer M.D. or other

Address: Brunswick Date signed: June 14

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUL 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

06512

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County: Frederick

City ~~or town~~: Frederick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred: Public Parking Lot -

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md County: Frederick

~~City or town~~: Frederick ~~Rural~~
(If outside city or town limits, write RURAL and give nearest town)

Street No.: 24 W. 5th ~~Montrose~~ - County Home
(If rural, give LOCATION)

2.(a) If veteran, name war: none

3. (a) FULL NAME: Elmer L. Jones

3. (b) Social Security Number: none

4. Sex: male

5. Color or race: white

6.(a) ~~Single, married~~, widowed, or ~~divorced~~: widowed

6.(b) Name of ~~husband~~ or wife: Ada Roberts

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): June 26 1876

8. AGE: Years: 63 Months: 11 Days: 12 If less than one day: ..... hrs. ..... min.

9. Birthplace: Frederick, Frederick, Md.
(Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business

FATHER
12. Name: Wm H. Jones
13. Birthplace: Reading, Pa

MOTHER
14. Maiden name: Virginia Miller
15. Birthplace: Middletown, Md

16. Informant: Harry R. Jones
Address: Frederick, Md.

17. Burial
(Burial, ~~cremation, or removal. Which?~~)
Date thereof: 6/10/40 (month) (day) (year)

Cemetery or ~~crematory~~: Mt. Olivet

Location: Frederick, Md

18. Funeral director: Harry E. Carty Co
Address: Frederick, Md.

19. 10-June 1940 (Date rec'd by registrar) Ira J. McSurdy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 8 1940, at 1.45 P.M.

21. ~~I CERTIFY that death occurred on the date above stated; that I attended deceased from~~ ..... 19..., to ..... 19.....
and that I last saw h.e.y. ~~alive~~ dead on June 8 1940

Immediate cause of death: Coronary Thrombosis — DURATION: Immediate

Due to: Cardio-vascular disease — 5 years

Due to:

Other conditions:
(Include pregnancy within 3 months of death)

Major findings of operations: ..... Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ..... Date of

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: ..... Injured at work?

23. SIGNATURE: R. W. Barr Deputy Med. Ex. M. D. or other

Address: Frederick, Md. Date signed: 6.10.40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

CERTIFICATE OF DEATH

06513

Reg. Dist. No. 131

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Frederick
City ~~or town~~ Frederick
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 140 B to. ave.
Stay in hospital or inst. (yrs., or mos., or days) ---
Stay in this community (yrs., or mos., or days) 30 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Frederick
City ~~or town~~ Frederick Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 140 B to. Ave
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME Charles T. Keith

3. (b) Social Security Number None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or ~~divorced~~
Male	White	Widowed

6 (b) Name of ~~husband or~~ wife Ella Virginia Keith

6(c) If alive, give age ---- years

7. Birth date of deceased (mo., day, yr.) Dec. 15 - 1871

8. AGE: Years 68 | Months 5 | Days 24 | If less than one day ---- hrs. ---- min.

9. Birthplace Urbana Md.
(Town, county, and state)

10. Usual occupation Watchman

11. Industry or business Canning Factory

FATHER
12. Name Thomas Keith
13. Birthplace Urbana Dist Md.

MOTHER
14. Maiden name Dont Know
15. Birthplace 11 4

16. Informant Lawrence T. Keith
Address Frederick Md.

17. Burial (Burial, ~~cremation, or removal Whit~~?) Date thereof June 11 1940 (month) (day) (year)
Cemetery ~~or crematory~~ Fredericks Memorial Park
Location Frederick, Md.

18. Funeral director C. E. Elmer & Son
Address Frederick Md.

19 40 - Same 1940 (Date rec'd by registrar) H. M. Mundy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6 - 9 - 1940, at 11 a M

21. I CERTIFY that death occurred on the date above atated; that I attended deceased from June 6th 1940, to June 9 1940, and that I last saw him alive on June 9th 1940.

Immediate cause of death	DURATION
Cerebral Apoplexy	
Due to Arterio Sclerosis	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE H. G. Bourne M D
M. D. or other
Address Fred'k Date signed 6/10/40

RECEIVED
JUL 5 1940
BUREAU V. S.

Dr. U. S. B.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

06514

CERTIFICATE OF DEATH

Reg. Dist. No. 144

1. PLACE OF DEATH:

County Frederick

City or town Lewistown.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 50 yrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Frederick

City or town Lewistown.
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war No

3. (a) FULL NAME JOHN KELLY

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widowed

6.(b) Name of husband or wife Lillie V. Bowers

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) March. 28th. 1865

8. AGE:

Years	Months	Days	If less than one day
75	2	11	..... hrs. ..... min.

9. Birthplace Thurmont. Md
(Town, county, and state)

10. Usual occupation Retired

11. Industry or business

FATHER
12. Name Richard Kelly.
13. Birthplace Ireland

MOTHER
14. Maiden name Mary Dixon
15. Birthplace Greencastle. Penna.

16. Informant Mrs Albert Powell.
Address Lewistown. Md

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof Jun. 12. 40 (month) (day) (year)

Cemetery or crematory Cemetery
Location Lewistown. Fredk Co. MD

18. Funeral director M. I. Creager & Son.
Address Thurmont. MD

19. June 12- 1940 (Date rec'd by registrar) Anna M. Jones Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jun. 9th. 1940. at 7;15 P:M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 35 Jun 9th 1940

and that I last saw him alive on Jun 6th 1940

Immediate cause of death Cerebral Hemorrhage

Due to Arterial Sclerosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

DURATION 2 wk 10 yrs

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Frank H. Hedge M. D. or other

Address Frank Date signed June 11th 1940

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUL 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (200 E)

06515

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH:

County Frederick

City or town Lantz

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days) 8 yrs.

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Frederick

City or town Lantz Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR No

3. (a) FULL NAME Herman Morris Kendall

3. (b) Social Security Number None

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife ✓

6(c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.) Oct. 2nd. 1914

8. AGE: Years 25 Months 8 Days 3 If less than one day ___ hrs. ___ min.

9. Birthplace Waynesboro. Penna. (Town, county, and state)

10. Usual occupation Day Laborer

11. Industry or business Employed Md. State San.

FATHER

12. Name Daniel Kendall

13. Birthplace Lantz. Fredk Co. MD

MOTHER

14. Maiden name Clara Zeigler

15. Birthplace Pa

16. Informant Mrs Harry Baugher

Address Lantz. Fredk Co. MD

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jun. 7th. 40 (month) (day) (year)

Cemetery or crematory Cemetery. (Blue Ridge)

Location Thurmont. Md

18. Funeral director M. L. Creager & Son. Thurmont. MD

Address

19. 6/61 1940 C E Shields (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June. 5th. 1940. at 2:30A; M

21. ~~I CERTIFY that death occurred on the date above stated; that I attended deceased from~~ ___ 19___ to ___ 19___

and that I last saw him alive on Aug 5 1940

Immediate cause of death Awaiting investigation

Due to Postmortem examination and analysis of organs was negative

Due to Cause of death still stands, as: Unknown C.W.G.R.

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy Chemical analysis going done

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ? Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE R. W. Baer Deputy Wed Ex. M. D. or other

Address Frederick Md Date signed 6-5-40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 14 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

06516

Reg. Dist. No. 139

VS-115

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
County: Frederick
City or town: Sanatorium, Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: State Sanatorium.
Stay in hospital or Inst. (yrs., or mos., or days): 1 Mo 7 Days
Stay in this community (yrs., or mos., or days): 1 Mo 7 Days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Prince George
City or town: District Heights Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 500 Washington Blvd.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Ora Neal Kerns

3. (b) Social Security Number: 579-09-8391

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife: James Kerns Jr.
6(c) If alive, give age: 27 years

7. Birth date of deceased (mo., day, yr.): November 16 1915

8. AGE: Years	Months	Days	If less than one day
24	7	11	____ hrs. ____ min.

9. Birthplace: Chattanooga Tenn. (Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business

FATHER
12. Name: Col. Howard Carver
13. Birthplace: Chattanooga Tenn.

MOTHER
14. Maiden name: Ora E Long
15. Birthplace: Athens Tenn.

16. Informant: Ora Neal Kerns
Address: Prince George Co Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 1 1940 (month) (day) (year)
Cemetery or crematory: Washington Nat. Cem.
Location: Washington D.C.

18. Funeral director: Timothy Hanlon
Address: Washington D.C.

19. 6/27/40 (Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 27 1940 4.45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 20 1940 to June 27 1940, and that I last saw her alive on June 27 1940.

Immediate cause of death	DURATION
Pulmonary Tuberculosis	6 Mos
Due to: Tubercle Bacilli	
Due to:	
Other conditions: Tuberculous Laryngitis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: none
Of autopsy: none

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: John E. Goodfellow M.D. M. D. or other
Address: State Sanatorium, Md. Date signed 6/27/40

RECEIVED
JUL 5 1940
BUREAU V. S

Twin 2nd.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (159)

CERTIFICATE OF DEATH

06517

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick

City or town Frederick: Rural

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Emergency Hospital

Stay in hospital or inst. (yrs., or mos., or days) ~~14 yrs~~

Stay in this community (yrs., or mos., or days) 14 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick

City or town W Alberswille Route 7 Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Route 7 Md. Rural

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR none

3. (a) FULL NAME Infant Key

3. (b) Social Security Number none

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
female	Colored	single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 11 1940

8. AGE:

Years	Months	Days	If less than one day
0	0	0	8½ hrs. 45 min.

9. Birthplace Emergency Hospital Frederick md.

(Town, county, and state)

10. Usual occupation —

11. Industry or business —

FATHER 12. Name Lamar Bradley Key

13. Birthplace Frederick Co. Md.

MOTHER 14. Maiden name Margaret Alverta Johnson

15. Birthplace Frederick Co. md

18. Informant Evangeline Rice R. N.

Address Emergency Hospital Fred. md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 13 1940 (month) (day) (year)

Cemetery or crematory Montevue Cem.

Location Mt Frederick Md.

18. Funeral director B. Cleveland Grout Supt.

Address Montevue - Frederick Co. Md.

19. 13 June 1940 (Date rec'd by registrar) Dra J. McCurdy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 12 1940, at 7:30 M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from June 11 1940 to June 12 1940, and that I last saw h~~e~~ alive on June 12 1940.

Immediate cause of death	DURATION
Premature birth	
6½ month	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE B O Thomas M. D. or other

Address Frederick Md Date signed 6/13/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS 115

RECEIVED
JUL 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (13E)

06518

CERTIFICATE OF DEATH

Reg. Dist. No. 139

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Frederick

City or town: Sanatorium. Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: State Sanatorium.

Stay in hospital or inst. (yrs., or mos., or days): 2 Mos 3 Days

Stay in this community (yrs., or mos., or days): 2 Mos 3 Days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County:

City or town: Baltimore, Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 522 S Dallas St.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Cazmer Kozlowski

3. (b) Social Security Number: 215-09-3416

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife:

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): January 6 1902

8. AGE:

Years	Months	Days	If less than one day
38	4	26	hrs. min.

9. Birthplace: Baltimore. Md. (Town, county, and state)

10. Usual occupation: Long-Shoreman

11. Industry or business:

FATHER
12. Name: John Kozlowski
13. Birthplace: Poland

MOTHER
14. Maiden name: Sophia Helinski
15. Birthplace: Poland

16. Informant: Cazmer Kozlowski
Address: Baltimore. Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: June 4 1940 (month) (day) (year)

Cemetery or crematory: St. Stanislaus Gem.

Location: Baltimore. Md.

18. Funeral director: George A Weber

Address: Baltimore, Md.

19. 6/5/40 (Date rec'd by registrar) 19 — Registrar

6/11/40

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 1 1940, at 1,35 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 29 1940 to June 1 1940, and that I last saw him alive on June 1 1940

Immediate cause of death	DURATION
Pulmonary Tuberculosis	6 Mos
Due to: Tubercle Bacilli	
Due to:	
Other conditions: Tuberculous Laryngitis	

(Include pregnancy within 3 months of death)

Major findings:

Of operations: none

Of autopsy: none

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: D. G. Lyon, M.D. M. D. or other

Address: State Sanatorium Date signed 6/5/40

RECEIVED
JUN 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (41)

CERTIFICATE OF DEATH

06519

Reg. Dist. No. 131

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Frederick
City or ~~Town~~: Frederick
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 300 W. Patrick St.
Stay in hospital or inst. (yrs., or mos., or days): —
Stay in this community (yrs., or mos., or days): Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Frederick
City or Town: Frederick Ward No.:
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 300 W. Patrick St.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: None

3. (a) FULL NAME: Mary Elizabeth Lambert

3. (b) Social Security Number: None

4. Sex	5. Color or race	6. (a) ~~Single~~, Married, Widowed, or ~~divorced~~
Female	W	Widowed

6 (b) Name of husband or ~~wife~~: Murray Lambert
6(c) If alive, give age: — years

7. Birth date of deceased (mo., day, yr.): 12-9-73

8. AGE: Years	Months	Days	If less than one day
66	6	14	—hrs. —min.

9. Birthplace: Frederick Co. Md.
(Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business: Home
FATHER 12. Name: Oliver P. Musselter
13. Birthplace: Hedgesville W. Va.
MOTHER 14. Maiden name: Katherine Haines
15. Birthplace: Hedgesville W. Va.
16. Informant: Miss Mae E. Lambert
Address: 300 W. Patrick-Frederick Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof June 26-1940 (month) (day) (year)
Cemetery or ~~crematory~~: Mt. Olivet Cemetery
Location: Frederick, Maryland
18. Funeral director: C. E. Cline and Son
Address: Frederick Md.
19. 25-June 1940 (Date rec'd by registrar) Dra J. McSunday Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 23 1940, at 500 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 1934, to June 23 1940, and that I last saw h-r alive on June 23 1940.

Immediate cause of death	DURATION
Pulmonary Edema	4 days
Cardiac Failure	
Due to Arteriosclerosis	4 years
Due to Cerebral Vascular Renal Lesions	4 years
Other conditions: Diabetes Mellitus	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: H. L. Fahrney M.D.
M. D. or other
Address: Frederick Md. Date signed: 6-24-40

Mr. Parkinson

RECEIVED
JUL 5 1940
BUREAU V. S.

not

WITHIN CORPORATE LIMITS OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (164-C)

06520

CERTIFICATE OF DEATH

Reg. Dist. No. 141

1. PLACE OF DEATH:

County Frederick

City or town Rural Near

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Burkettsville, Md

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 15 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Rural near Burkettsville Md Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Leslie D Leatherman

3. (b) Social Security Number None

4. Sex: Male

5. Color or race: W

6. (a) Single, married, widowed, or divorced: Married

B (b) Name of husband or wife: Nellie M Leatherman

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Aug 10, 1900

8. AGE: Years 39 | Months 9 | Days 27 | If less than one day ____ hrs. ____ min.

9. Birthplace near Harmony Md (Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business: Farming

FATHER

12. Name: Wm H Leatherman

13. Birthplace: Maryland

MOTHER

14. Maiden name: Carrie M Feete

15. Birthplace: Maryland

16. Informant: Mrs Nellie M Leatherman

Address: near Burkettsville Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 10, 1940 (month) (day) (year)

Cemetery or ~~crematory~~ U. B. Cemetery

Location: Grossmiller Metric Home near Myersville F.C. Md.

18. Funeral director: C. H. Feete & Bro

Address: Brunswick, Md.

19. June 8 1940 (Date rec'd by registrar) Wm H. S. Hedges Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 7 1940, at 11 P.M.

21. I ~~CERTIFY that death occurred on the date above stated; that I attended deceased from~~ ____ 19__, to ____ 19__, and that I last saw him ~~alive~~ dead on June 8 1940.

Immediate cause of death: Gun shot wound of head

DURATION: ½ hrs.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Suicide ? Date of June 7, 40

Where did injury occur? Frederick Co. (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) House

Means of injury: 22 cal rifle Injured at work?

23. SIGNATURE: R W Barr Dep. Med Ex. M. D. or other

Address: Frederick, Md Date signed 6.8.40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUL 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (97) Reg. Dist. No. 138

CERTIFICATE OF DEATH

06521

1. PLACE OF DEATH:
(a) County Frederick
(b) City or town New Market
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 60 yrs.

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Frederick
(c) City or town near New Market
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME William Andra Lee

3 (b) If veteran, name war —
3 (c) Social Security No. —

4. Sex Male | 5. Color or race Colored | 6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Sarah Lee
6. (c) If alive, give age 63 years

7. Birth date of deceased (mo., day, yr.) March 7, 1873

8. AGE: Years 67 | Months 2 | Days 27 | If less than one day ____hr. ____min.

9. Birthplace Frederick Co.
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Andra Lee
13. Birthplace Frederick Co

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Sarah Lee
(b) Address New Market

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 5, 1940 (month) (day) (year)
(c) Cemetery or crematory Simpson Chapel
Location New Market
18 (a) Funeral director H. M. Snyder
(b) Address Mt. Airy Md.
19 (a) June 4, 1940 (Date rec'd by registrar) (b) Lucian K. Falconer Registrar

MEDICAL CERTIFICATION

20. Date of death June 3 1940, at 5 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 21 1936, to June 3 1940, and that I last saw him alive on June 3 1940.

Immediate cause of death	Duration
Bronchial Asthma	10 yrs
Due to	
Due to	
Other conditions Arteria sclerosis	6 years

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ernest P. Koontz M.D.
M. D. or other
Address New Market, Md Date signed June 4, 1940

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JUL 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (72-E)

CERTIFICATE OF DEATH

06522

Reg. Dist. No. 138

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH:

County Frederick

City or town Nr. Pearl (Rural)
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:
Frederick, Md. R. D.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 32 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Nr. Pearl (Rural) Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Frederick, Md. R. D.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR none

3. (a) FULL NAME Dr. James Andrew Long.

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	married

6 (b) Name of husband or wife Alice Rust

6(c) If alive, give age 62 years

7. Birth date of deceased (mo., day, yr.) June 27, 1879

8. AGE: Years	Months	Days	If less than one day
60	11	13	hrs. min.

9. Birthplace Nr. Republic, Rockingham Co, Va.
(Town, county, and state)

10. Usual occupation Medical Doctor

11. Industry or business

FATHER
12. Name Wm. H. Long.
13. Birthplace Republic, Va.

MOTHER
14. Maiden name Eliza Carpenter,
15. Birthplace Republic, Va.

16. Informant Mrs. Alice R. Long.
Address Frederick, Md. R. D. # 1

17. burial Date thereof 6 / 7 / 40
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Mount Olivet Cemetery
Location Frederick, Md.

18. Funeral director M. R. Etchison & Son,
Address Frederick, Md.

19. June 6 1940 Lucian K. Talbert
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 5th., 1940, at 5.30 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 1 1940, to May 5 1940, and that I last saw him alive on May 5 1940.

Immediate cause of death	DURATION
Coronary Thrombosis	4 days
Due to Mitral Insufficiency & Hypertension	2 yrs
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE R O Thomas M. D. or other
Address Frederick, Md. Date signed 6/6/40

RECEIVED
JUL 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

06523

Reg. Dist. No. 139

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

County: Frederick

City or town: Sanatorium, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: State Sanatorium.

Stay in hospital or inst. (yrs., or mos., or days): 9 Mos 9 Days

Stay in this community (yrs., or mos., or days): 9 Mos 9 Days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Worcester

City or town: Berlin Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Pitts & Bay Sts.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Frank J. Maurin

3. (b) Social Security Number: 220-01-3626

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Josephine Maurin

6(c) If alive, give age: 19 years

7. Birth date of deceased (mo., day, yr.): October 31 1916

8. AGE: Years	Months	Days	If less than one day
23	7	11	____ hrs. ____ min.

9. Birthplace: Pitts. Pa.
(Town, county, and state)

10. Usual occupation: Truck-Driver

11. Industry or business:

FATHER — 12. Name: Frank Maurin
13. Birthplace: Austria

MOTHER — 14. Maiden name: Catherine Frankovich
15. Birthplace: Austria

16. Informant: Frank J. Maurin
Address: Berlin Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 14 1940 (month) (day) (year)

Cemetery or crematory:

Location: Berlin, Worcester, Co, Md.

18. Funeral director: M.L. Creager & Son.

Address: Thurmont, Md.

19. 6/11/1940 (Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 11 1940 5.15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 2 1939, to June 11 1940, and that I last saw him alive on June 11 1940

Immediate cause of death	DURATION
Pulmonary Tuberculosis	1Yr 6Mos
Due to: Tubercle Bacilli	
Due to: Tuberculous Laryngitis	
Other conditions: Ischio - Rectal Abscess	

(Include pregnancy within 3 months of death)

Major findings:

Of operations: none

Of autopsy: none

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Wm. E. Handyside M. D.

M. D. or other

Address: State Sanatorium, Md. Date signed 6/11/40

RECEIVED
JUL 5 1940
BUREAU V. S.

06524

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

13-9

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH:

County: Frederick

City or town: Sanatorium Md
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: State Sanatorium

Stay in hospital or inst. (yrs., or mos., or days): 2Yrs 9Mos 2Days

Stay in this community (yrs., or mos., or days): 2Yrs 9Mos 2Days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County:

City or town: Baltimore. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 3808 Gwyn Oak Ave
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Anne M. McDermott

3. (b) Social Security Number: none

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Patrick J. McDermott

6(c) If alive, give age: Unknown years

7. Birth date of deceased (mo., day, yr.): April 15 1907

8. AGE: Years 33 | Months 2 | Days 13 | If less than one day ____ hrs. ____ min.

9. Birthplace: New York. N.Y.
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business:

FATHER
12. Name: Michael J. Wynn
13. Birthplace: Ireland

MOTHER
14. Maiden name: Mary Healy
15. Birthplace: Ireland.

16. Informant: Anne M McDermott
Address: Baltimore. Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: July 2 1940 (month) (day) (year)

Cemetery or crematory: Calvary and Allied Cem.

Location: New York City. N.Y.

16. Funeral director: William Cook
Address: Baltimore, Md.

19. 6/28 (Date rec'd by registrar) 19 40 [signature] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 28 1940, at 9.30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 26 1937, to June 28 1940, and that I last saw her alive on June 28 1940.

Immediate cause of death: Pulmonary Tuberculosis — DURATION: 5Yrs9Mos

Due to: Tubercle Bacilli

Due to:

Other conditions: Tuberculous Enteritis
(Include pregnancy within 3 months of death)

Major findings:
Of operations: none
Of autopsy: none

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: John E. Goodpasture M.D.
M. D. or other

Address: State Sanatorium, Md Date signed: 6/28/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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JUL 5 1940
BUREAU V. S

STATE OF MARYLAND—CERTIFICATE OF DEATH

06525

1. PLACE OF DEATH (94a)

County Frederick Registration Dist. No. 131

~~Village or City~~ Frederick-Rural No. Montevue St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME William E. Miller If U. S. Veteran, specify WAR None

(a) Residence: No. Detour Rural Nr. Ladiesburg Ward

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): Dec. 25. 1866

7. AGE: Years 73 | Months 6 | Days 5 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Laborer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Md.

FATHER

13. NAME: John Miller

14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER

15. MAIDEN NAME: Elizabeth-Unknown

16. BIRTHPLACE (city or town) (State or country): Adams Co. Penna.

17. INFORMANT (Address): Miss Adelsberger Emergency Hospital, Frederick, Md.

18. BURIAL, ~~CREMATION, OR REMOVAL~~

Place: Mt Zion Near Ladysburg Md Date: July 2, 1940

19. UNDERTAKER (Address): Raymond K. Wright Union Bridge Md.

20. FILED: 1-July, 1940 Ira J. McCurdy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June (Month) 30 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from August, 1938, to June 30, 1940

I last saw him alive on June 30, 1940; death is said to have occurred on the date stated above, at 6.50 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	1/2 hr.

Other Contributory Causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) B. O. Thomas M. D.

(Address) Frederick, Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (47-d)

CERTIFICATE OF DEATH

06526

Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH:

County: Frederick

~~City or town~~: Frederick Rural

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or Institution: Emergency Hospital

Stay in hospital or Inst. (yrs., or mos., or days): 1 mo. + 9 days.

Stay in this community (yrs., or mos., or days): Life

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Frederick

~~City or town~~: Myersville Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: No

3. (a) FULL NAME: William Moser

3. (b) Social Security Number: No

4. Sex	5. Color or race	6. (a) ~~Single~~, married, ~~widowed, or divorced~~
male	White	Married

8 (b) Name of ~~husband~~ or wife: Katie Moser

8 (c) If alive, give age: 55 years

7. Birth date of deceased (mo., day, yr.): April 7, 1870

8. AGE:

Years	Months	Days	If less than one day
70	2	9	____ hrs. ____ min.

9. Birthplace: Myersville, Md. (Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business:

FATHER 12. Name: Lawson Moser

13. Birthplace: Myersville Md.

MOTHER 14. Maiden name: Elizabeth Moser

15. Birthplace: Myersville, Md.

16. Informant: Miss Adelsberger, Emergency

Address: Hospital, Frederick Md

17. Burial (Burial, ~~cremation or removal~~): Date thereof June 19 1940 (month) (day) (year)

Cemetery or ~~crematory~~: Lutheran Cemetery

Location: Myersville, Md.

18. Funeral director: Gladhill & Co.

Address: Middletown, Md.

19. 19 June 1940 (Date rec'd by registrar) Dora J. McSurdy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 16 1940, at 4:15 P.M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 7 1940, to June 16 1940, and that I last saw him alive on June 16 1940.

Immediate cause of death	DURATION
Carcinomatosis of Lungs	2 Months +
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: B. L. Thomas M. D. or other

Address: Frederick, Md. Date signed 9/19/40

RECEIVED
JUL 5 1940
BUREAU V

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

06527

Reg. Dist. No. 137

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH
County: Frederick
City or town: Rural near Mainsville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 9 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Frederick
City or town: R. D. Mt. Airy, Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.:
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: No.

3. (a) FULL NAME: Elton Norwood

3. (b) Social Security Number: None.

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Married.

6 (b) Name ~~of husband~~ or wife: Lannie Norwood
6(c) If alive, give age: 58 years

7. Birth date of deceased (mo., day, yr.): June 4, 1882

8. AGE:

Years	Months	Days	If less than one day
58	0	0	hrs. min.

9. Birthplace: Frederick Co. Maryland
(Town, county, and state)

10. Usual occupation: Carpenter

11. Industry or business

FATHER
12. Name: Richard Norwood
13. Birthplace: Maryland.

MOTHER
14. Maiden name: Anna Dent
15. Birthplace: Virginia

16. Informant: Mrs. Lannie Norwood
Address: 1421 Hollins St. Balto. Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: June 6, 1940 (month) (day) (year)
Cemetery or crematory: Linganore
Location: Unionville, Fred. Co.

18. Funeral director: C. M. Waltz
Address: Winfield Md

19. June 6 1940 (Date rec'd by registrar) H. D. Creamer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 4 1940, at 5:30 A.M.

21. I CERTIFY that death occurred on the date above stated, that I attended deceased from Aug 4 1939, to June 4 1940, and that I last saw h~~im~~ alive on June 3 1940.

Immediate cause of death	DURATION
Chronic Valvular Heart Disease with Cardiac Arrest (Sudden)	5 yrs
Due to Arteriosclerosis	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: C. M. Van Poole M. D. or other
Address: Mt Airy Md Date signed: 6-5-40

RECEIVED
JUL 3 1940
BUREAU V. S.

06528

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (48-8)

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick

~~City or town~~ Frederick Rural (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Emergency Hospital

Stay in hospital or inst. (yrs., or mos., or days) 29 days

Stay in this community (yrs., or mos., or days) Life

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County Frederick

City ~~or town~~ Frederick Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. 113 W. 6th (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME Lillian Parker

3. (b) Social Security Number None

4. Sex Female

5. Color or race Col

6. (a) ~~Single~~, married, ~~widowed, or divorced~~ Married

6 (b) Name of husband ~~or wife~~ Chas. Parker

6(c) If alive, give age 55 years

7. Birth date of deceased (mo., day, yr.) Oct. 20. 1895

8. AGE: Years 54 Months 7 Days 16 If less than one day ____ hrs. ____ min.

9. Birthplace Frederick Co. Md. (Town, county, and state)

10. Usual occupation Domestic

11. Industry or business

FATHER 12. Name Abraham Smith

13. Birthplace Frederick Co., Md.

MOTHER 14. Maiden name Della Jackson

15. Birthplace Frederick Co., Md.

16. Informant Miss Adels Perger Emergency

Address Hospital, Frederick, Md

17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof 6/8/40 (month) (day) (year)

Cemetery or ~~crematory~~ Fairview Cem.

Location Frederick, Md.

18. Funeral director M. R. Etchison & Son

Address Frederick, Md.

19. 7-June- 1940 (Date rec'd by registrar) J. M. Lundy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 6, 1940, at 10 45 P.M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 7 1940, to June 6 1940, and that I last saw her alive on June 6 1940.

Immediate cause of death Carcinomia of Uterus

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION 6 Mos +

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE B O Thomas M. D. or other

Address Frederick, Md Date signed 6/7/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUN 13 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

06529

CERTIFICATE OF DEATH

Reg. Dist. No. 131

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Frederick
City or town: Frederick
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 321 North Bentz Street
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 50

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Frederick
City or town: Frederick Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 321 North Bentz St.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: NONE

3. (a) FULL NAME: Mrs. Sarah Rebecca Price

3. (b) Social Security Number: NONE

4. Sex	5. Color or race	6. (a) ~~single~~, married, ~~widowed, or divorced~~
Female	White	Married

6 (b) Name of ~~husband or wife~~: Montgomery Price
6(c) If alive, give age: 81 years

7. Birth date of deceased (mo., day, yr.): July 30, 1862

8. AGE: Years	Months	Days	If less than one day
77	10	12	hrs. min.

9. Birthplace: Nr. Dickerson, Md. (Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business: At Home
FATHER 12. Name: Wallace W. Pyles
13. Birthplace: Nr. Dickerson, Md.
MOTHER 14. Maiden name: Emeline Price
15. Birthplace: Nr. Dickerson, Md.
16. Informant: Mr. Lawrence S. Price
Address: 321 N. Bentz St., Frederick, Md.
17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof 6/15/40 (month) (day) (year)
Cemetery or ~~crematory~~: Mt. Olivet Cemetery
Location: Frederick, Md.
18. Funeral director: M. R. Etchison & Son
Address: Frederick, Md.
19. 14 June 1940 (Date rec'd by registrar) Dora J. McSurdy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 12 1940, at 10:45 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 24 1940 to June 12 1940, and that I last saw h~~e~~ alive on June 12, 1940.

Immediate cause of death	DURATION
Chronic Myocarditis	6 months
Due to	
Chronic Pyelonephritis	1 year
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: R. O. Thomas M. D. or other
Address: Frederick, Md. Date signed 6/14/40

RECEIVED
JUL 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (13-6)

06530

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH:

County: Frederick

City or town: Sanatorium, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: State Sanatorium

Stay in hospital or inst. (yrs., or mos., or days): 2 Yrs 8 Mos 15 Days

Stay in this community (yrs., or mos., or days): 2 Yrs 8 Mos 15 Days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County:

City or town: Hagerstown Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Route # 5
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Evelyn Winters Pryor

3. (b) Social Security Number: 173-03-2596

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife:

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): June 24 1909

8. AGE: Years	Months	Days	If less than one day
30	11	23	hrs. min.

9. Birthplace: Maryland.
(Town, county, and state)

10. Usual occupation: Factory-Worker

11. Industry or business:

FATHER
12. Name: James Pryor
13. Birthplace: Maryland

MOTHER
14. Maiden name: Carrie Winters
15. Birthplace: Maryland

16. Informant: Evelyn Winters Pryor
Address: Hagerstown. Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: June 19 1940 (month) (day) (year)

Cemetery or crematory: Lutheran Cem.

Location: Leitersburg. Md.

18. Funeral director: Fred W Krais
Address: Hagerstown. Md.

19. 6/19/1940 (Date rec'd by registrar) [signature] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 16 1940, at 11.10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 1 1937, to June 16 1940, and that I last saw her alive on June 16 1940.

Immediate cause of death: Pulmonary Tuberculosis — DURATION: 2Yrs3Mos

Due to: Tubercle Bacilli

Due to:

Other conditions: Tuberculous Laryngitis
(Include pregnancy within 3 months of death)

Major findings:
Of operations: none
Of autopsy: none

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: [signature] M.D.
M. D. or other
Address: State Sanatorium, Md. Date signed: 6/16/40

VS A15 MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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JUL 5 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

06531

1. PLACE OF DEATH

County Frederick Registration Dist. No. 136

Village or City near Hyattstown No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Cristine Randolph

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
F	col	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 4 1940

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	3	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Leo Randolph

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Charlot Spencer

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT (Address) Leo Randolph Jamesville

18. BURIAL, CREMATION, OR REMOVAL Place Hyattstown Date Jun 14, 1940

19. UNDERTAKER (Address) Hilton & Burdette Hyattstown

20. FILED Jun 13, 1940 G. O. Hendrickson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June (Month) 12 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from June 4, 1940, to June 12, 1940

I last saw her alive on June 12, 1940; death is said to have occurred on the date stated above, at 4 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Convulsions	Jun 4

Other Contributary Causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) B. O. Thomas M. D.

(Address) Frederick, Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (13-B)

06532

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH:

County: Frederick

City or town: Sanatorium. Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: State Sanatorium.

Stay in hospital or inst. (yrs., or mos., or days): 3Mos 18 Days

Stay in this community (yrs., or mos., or days): 3Mos 18 Days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland. County:

City or town: Baltimore Ward No.:
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 1005 Darley Ave.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Ernest F. Reiche

3. (b) Social Security Number: 183-05-4379

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Louise Reiche

6(c) If alive, give age: 34 years

7. Birth date of deceased (mo., day, yr.): March 18 1902

8. AGE: Years: 38 Months: 2 Days: 17 If less than one day: hrs. min.

9. Birthplace: Baltimore. Md
(Town, county, and state)

10. Usual occupation: Building-Supt.

11. Industry or business:

FATHER
12. Name: Frederick Reiche
13. Birthplace: Maryland.

MOTHER
14. Maiden name: Margaret Kirkner
15. Birthplace: Baltimore. Md.

16. Informant: Ernest F. Reiche
Address: Baltimore. Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: June 7 1940 (month) (day) (year)

Cemetery or crematory: Parkwood Cem

Location: Baltimore. Md.

18. Funeral director: Henry Lassahn
Address: Baltimore. Md

19. 6/8/1940 19 (Date rec'd by registrar) [signature] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 4 1940, at 11.45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from February 17 1940, to June 4 1940, and that I last saw him alive on June 4 1940.

Immediate cause of death: Pulmonary Tuberculosis — DURATION: 6 Mos

Due to: Tubercle Bacilli

Due to:

Other conditions: Tuberculous Enteritis
(Include pregnancy within 3 months of death)

Major findings:
Of operations: none
Of autopsy: none

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: John E. Goodpasture M.D.
M. D. or other
Address: State Sanatorium, Md. Date signed: 6/4/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

06533

Reg. Dist. No. 13

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Frederick
City or town Frederick rural
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Emergency Haspital
Stay in hospital or inst. (yrs., or mos., or days) 14 hours
Stay in this community (yrs., or mos., or days) 10 Years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Frederick
City or town Frederick Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 609 K Lenehart's Alley
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME Richard E. Rideout

3. (b) Social Security Number None

4. Sex: Male
5. Color or race: Colored
6. (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: Mary Rideout
6(c) If alive, give age 90 years
7. Birth date of deceased (mo., day, yr.): Dec 6 1845
8. AGE: Years 84 yrs. Months 6 Days 17 If less than one day ____ hrs. ____ min.
9. Birthplace: Maryland (Town, county, and state)
10. Usual occupation: Laborer
11. Industry or business:
FATHER 12. Name: Unknown
13. Birthplace: Unknown
MOTHER 14. Maiden name: Unknown
15. Birthplace: Unknown
16. Informant: Evangeline Rice R.N.
Address: Emergency Hospital
17. Burial (Burial, cremation, or removal. Which?) Date thereof 6/26/40 (month) (day) (year)
Cemetery or crematory: Silver Hill Cemetery
Location: Nr. Mt. Pleasant, Maryland
18. Funeral director: M. R. Etchison & Son
Address: Frederick, Maryland
19. 24-June 1940 (Date rec'd by registrar) Ira J. McSurdy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 23 1940, at 2 30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 23 1940, to June 23 1940, and that I last saw h alive on June 23 1940.

Immediate cause of death	DURATION
Myocarditis	10 days
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE B O Thomas M. D. or other
Address Frederick, Md Date signed 6/23/40

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VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (45-F)

06534

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick

City ~~or town~~ Frederick
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Frederick City Hospital

Stay in hospital or inst. (yrs., or mos., or days) 3 weeks

Stay in this community (yrs., or mos., or days) 67 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Frederick

~~City or town~~ Near Ijamsville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Rural
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME Cordelia Duvall Riggs

3. (b) Social Security Number None

4. Sex Female

5. Color or race White

6. (a) ~~Single~~, married, widowed, or divorced married

6 (b) Name of husband ~~or wife~~ Dr. Geo. H. Riggs

6(c) If alive, give age 69 years

7. Birth date of deceased (mo., day, yr.) Jany 2 - 1873

8. AGE: Years 67 Months 5 Days 13 If less than one day ___ hrs. ___ min.

9. Birthplace Buckeystown Md.
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Home

FATHER
12. Name Benjamin Duvall
13. Birthplace Ijamsville Md

MOTHER
14. Maiden name Anna Margaret Eichelberger
15. Birthplace Frederick Co. Md

16. Informant Dr. Geo. H. Riggs
Address Ijamsville Md

17. Burial
(Burial, ~~cremation, or removal. Which?~~)
Date thereof June 19/40 (month) (day) (year)

Cemetery ~~or crematory~~ Mt. Olivet

Location Frederick Md.

18. Funeral director C. E. Cline & Son
Address Frederick Md.

19. 18 - June 1940 (Date rec'd by registrar) Ira J. McGuirdy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 16 1940, at 8 30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1 1940, to June 16 1940 and that I last saw her alive on June 16 1940

Immediate cause of death Carcinoma of the Naso Pharynx — DURATION 3 mo.

Due to

Due to

Other conditions Metastases to Cervical Glands — 1 mo.
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE A. Austin Pearre M. D.
M. D. or other
Address Frederick, Md. Date signed 6/18/40

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BUREAU V. S.

Dr. A. Pearce

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

06535

CERTIFICATE OF DEATH

Reg. Dist. No. 139

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Frederick
City or town: Sanatorium. Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: State Sanatorium.
Stay in hospital or inst. (yrs., or mos., or days): 2 Mos
Stay in this community (yrs., or mos., or days): 2 Mos

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Cecil. Co.
City or town: Colora Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Gladys Virginia Russell

3. (b) Social Security Number: none

4. Sex: Female

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Charles Russell

6(c) If alive, give age: 26 years

7. Birth date of deceased (mo., day, yr.): May 4 1914

8. AGE: Years: 26 Months: 1 Days: 5 If less than one day: hrs. min.

9. Birthplace: Pilot, Cecil Co. Md.
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER
12. Name: William Carr
13. Birthplace: Maryland.

MOTHER
14. Maiden name: Delilah Hermann
15. Birthplace: Maryland.

16. Informant: Gladys Virginia Russell
Address: Colora, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof June, 12, 1940 (month) (day) (year)
Cemetery or crematory: Pleasant Grove
Location: Lancaster County, Pa.

18. Funeral director: R. Madison Mitchell
Address: Havre De Grace, Md.

19. 6/11/1940 (Date rec'd by registrar) 19 ____ Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 9 1940, A.M. 9.45

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 9 1940, to June 9 1940, and that I last saw her alive on June 9 1940.

Immediate cause of death	DURATION
Pulmonary Tuberculosis	1 Yr
Due to	
Tubercle Bacilli	
Due to	
Other conditions	
Tuberculous Laryngitis (Include pregnancy within 3 months of death)	

Major findings:
Of operations: none
Of autopsy: none

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: John E. Goodpasture M.D.
M. D. or other
Address: State Sanatorium, Md. Date signed: 6/9/40

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-d)

06536

CERTIFICATE OF DEATH

Reg. Dist. No. 137

1. PLACE OF DEATH:

County Frederick

City or town Johnsville District (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) Life

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County Frederick

City or town Johnsville District Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME George Sager

3. (b) Social Security Number

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife: Mary E Myers

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Oct. 17th 1868

8. AGE: Years 71 | Months 7 | Days 14 | If less than one day ____ hrs. ____ min.

9. Birthplace Maryland (Town, county, and state)

10. Usual occupation Retired Farmer

11. Industry or business

FATHER
12. Name Mathias Sager
13. Birthplace Germany

MOTHER
14. Maiden name Catherine Fogle
15. Birthplace Md

16. Informant Mrs Truman Myers

Address Union Bridge Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 4th 1940 (month) (day) (year)

Cemetery or crematory Pipe Creek

Location Near New Windsor Carroll Co

18. Funeral director Powell & Allaugh

Address Libertytown Md

19. June 3 1940 (Date rec'd by registrar) W. L. Curfman Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 1 1940 at 7a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1 1940 to June 1 1940 and that I last saw him alive on May 31 1940.

Immediate cause of death Chronic Myocarditis. Duration: five years. C.W.G.R.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE J. H. Mesler M.D. M. D. or other

Address Johnsville Date signed June 2 40

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BUREAU V. S.

06537

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-a)

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County: Frederick

City ~~or town~~: Frederick
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 135 West Church Street

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 87 Yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Frederick

City ~~or town~~: Frederick Ward No.:
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 135 West Church St.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: NONE

3. (a) FULL NAME: Mrs. Antoinette Frances Salter

3. (b) Social Security Number: NONE

4. Sex: Female

5. Color or race: White

6. (a) ~~Single, married~~, widowed, ~~or divorced~~: Widow

6 (b) Name of husband ~~or wife~~: George Edward Salter

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Sept. 10, 1852

8. AGE: Years 87 Months 8 Days 22 If less than one day: hrs. min.

9. Birthplace: Frederick Co., Md.
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: At Home

FATHER
12. Name: Dennis Stull
13. Birthplace: Frederick Co., Md.

MOTHER
14. Maiden name: Rebecca Measell
15. Birthplace: Frederick Co., Md.

16. Informant: Mrs. George Salter
Address: 135 West Church Street

17. Burial (Burial, ~~cremation, or removal. Which~~?) Date thereof: 6/5/40 (month) (day) (year)

Cemetery or ~~crematory~~: Mt. Olivet Cem.

Location: Frederick, Md.

18. Funeral director: M.R. Etchison & Son
Address: Frederick, Md.

19. 5-June 1940 (Date rec'd by registrar) Ira J. McCurdy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 2nd 1940, at 11 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 28 1940, to June 2nd 1940 and that I last saw h[illegible] alive on June 2nd 1940

Immediate cause of death: Acute Suppression of urine

Due to: Intestinal Nephritis

Due to:

Other conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

DURATION: 3 days 5 years

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Frank H. Hedges M.D. or other

Address: Frederick Date signed: June 3d 1940

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUL 5 1940
BUREAU V. S.

Dr Smith

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46-D)

06538

CERTIFICATE OF DEATH

Reg. Dist. No. 141

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH:
County Frederick
City or town Brunswick.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 924 East C St.
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 46 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Fred.
City or town Brunswick. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 924 East C St.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR None.

3. (a) FULL NAME John Walter Schamel

3. (b) Social Security Number 705-10-2469

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	white	married.

6 (b) Name of husband or wife Eliza M. Flora.
6(c) If alive, give age 54 years

7. Birth date of deceased (mo., day, yr.) April 9 1886

8. AGE: Years	Months	Days	If less than one day
60	1	22	____ hrs. ____ min.

9. Birthplace Maryland. (Town, county, and state)
10. Usual occupation B+O. R. R. Boilermaker Helper
11. Industry or business

FATHER
12. Name Samuel Peter Schamel
13. Birthplace Maryland.

MOTHER
14. Maiden name Sarah Catherine Hasty
15. Birthplace Maryland.

16. Informant Mrs Eliza Matilda Schamel
Address Brunswick Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 3 1940 (month) (day) (year)
Cemetery or crematory Park Heights
Location Brunswick Md.

18. Funeral director C. N. Fuite & Bro
Address Brunswick Md.

19. 6-3 1940 (Date rec'd by registrar) Chas H. L. Hedges Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 1 1940 at 12 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 2 1940 to June 1 1940 and that I last saw h in alive on May 31 1940.

Immediate cause of death	DURATION
Carcinoma	Unk
Due to of Stomach	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work

23. SIGNATURE [signature] M.D. or other
Address Brunswick Md. Date signed June 3 40

RECEIVED
JUN 14 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CB 06539

(170-C)

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:
County: Frederick
City or ~~town~~: Frederick
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 5 days
Hospital, institution, or street address where death occurred: Frederick City Hospital
How long in hospital or institution? 5 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Pennsylvania County:
City or town: Nanticoke
(If outside city or town limits, write RURAL and give nearest town)
Street No.:
(If rural, give LOCATION)
2.(a) If veteran, name war: none

3.(a) FULL NAME: Florian Shubenski

3.(b) Social Security Number: None

4. Sex: male
5. Color or race: white
6.(a) Single, ~~married, widowed, or divorced~~: single
6.(b) Name of husband or wife: —
6.(c) If alive, give age: years
7. Birth date of deceased (mo., day, yr.): Dec 19 1922

8. AGE: Years 17 | Months 5 | Days 13 | If less than one day: hrs. min.

9. Birthplace: Nanticoke Pa
(Town, county, and state)
10. Usual occupation: ~~Hauter~~ Student
11. Industry or business:
FATHER
12. Name: John Shubenski
13. Birthplace: Carbondale, Pa
MOTHER
14. Maiden name: Mary Albertini
15. Birthplace: Freeland, Pa
16. Informant: John Shubenski
Address: Carbondale, Pa
17. Burial (Burial, cremation, or removal. Which?) Date thereof: 6/15/40 (month) (day) (year)
Cemetery or crematory: St. Francis
Location: Nanticoke, Pa
18. Funeral director: Harry E. Party Co.
Address: Frederick Md.
19. 12 June 1940 (Date rec'd by registrar) Dra J. McGurdy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 12 1940, at 5:00 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ~~19~~ 19 to 19
and that I last saw him ~~alive~~ dead on June 12 1940
Immediate cause of death: Cerebral hemorrhage — DURATION: 5 days
Due to: Fractured Skull — 5 days
Due to: automobile accident
Other conditions:
(Include pregnancy within 3 months of death)
Major findings of operations:
Date of op.:
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: accident Date of 6.12.40
Where did injury occur? Carrol Co. (City or town) (County) (State)
Injured at home, farm, industry, ~~public place (where?)~~ Highway
Means of injury: automobile Injured at work?

23. SIGNATURE: R. W. Barr Deputy Med. Ex. M. D. or other
Address: Frederick, Md Date signed: 6.12.40

MARGIN RESERVED FOR BINDING

VS-A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 21 1940
A. V. S.

06540

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (8)

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick

City or ~~town~~ Frederick

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Frederick City Hospital

Stay in hospital or inst. (yrs., or mos., or days) ~~10 days~~

Stay in this community (yrs., or mos., or days) —

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Fred.

~~City~~ or town Middletown Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. —

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Sine (5 mos. foetus)

3. (b) Social Security Number —

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W	—

6 (b) Name of husband or wife —

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) June 16 - 1940

8. AGE: Years: Foetus — Months: 5 mos. Days: If less than one day ____ hrs. ____ min.

9. Birthplace Frederick - Md.

(Town, county, and state)

10. Usual occupation —

11. Industry or business —

FATHER

12. Name Chas Sine

13. Birthplace Columbia Furnace Virginia

MOTHER

14. Maiden name Ethel Everhart

15. Birthplace Md - Brunswick

16. Informant Chas. Sine

Address Middletown Md.

17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof June 16 1940 (month) (day) (year)

Cemetery ~~or crematory~~ Knoxville

Location ~~Middletown~~ Md.

18. Funeral director C. H. Futo & Bro

Address Brunswick Md.

19. 16 - June - 1940 (Date rec'd by registrar) J. M. McCurdy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 16 1940, at 8:00 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 16 1940, to June 16 1940, and that I last saw her ~~alive~~ on Still-born June 16 1940.

Immediate cause of death Still-born foetus (5 mos)

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE Frank D. Worthington M. D. or other

Address Frederick - Md Date signed June 16 1940

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUL 5 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

06541

(8)

1. PLACE OF DEATH

County Frederick Registration Dist. No. 132

Village or City Middletown No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Baby Slifer If U. S. Veteran, specify WAR

(a) Residence: No. ____ St., ____ Ward. ____

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 22nd 1940

7. AGE Years: Still Months: Barn Days: If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Middletown (State or country) Maryland

FATHER

13. NAME Wilmer L Slifer

14. BIRTHPLACE (city or town) Middletown (State or country) Maryland

MOTHER

15. MAIDEN NAME Frances R Rudy

16. BIRTHPLACE (city or town) Middletown (State or country) Maryland

17. INFORMANT Frances Slifer (Address) Middletown Md

18. BURIAL, CREMATION, OR REMOVAL Place Middletown Date June 22, 1940

19. UNDERTAKER Gladhill Co (Address) Middletown Md

20. FILED June 23, 1940 D. Grayson Sanner Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June (Month) 21 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from ____, 19__, to ____, 19__

I last saw h____ alive on Stillborn 19__; death is said to have occurred on the date stated above, at ____ m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Prematurity.	

Other Contributory Causes of importance:

Probable appendectomy on Apr. 26 '40, while 6 mo pregnant. Felt no movement since operation	Apr 26 '40.

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19__

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ____

(Signed) J. Elmer Harp M. D.

(Address) Middletown

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (46-E) Reg. Dist. No. 137 06542

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) County Frederick
(b) City or town Libertytown, Md.
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Main St.
(d) Length of stay in hospital or inst. (yrs., mos., or days) Yr. Mo.
(e) Length of stay in this community (yrs., mos., or days) 83-3

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Frederick
(c) City or town Libertytown Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. Main
(If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Ida E. H. Smith

3 (b) If veteran, name war | 3 (c) Social Security No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife Chas. F. Smith | 6. (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) 3-20-1857

8. AGE: Years 83 | Months 3 | Days — | If less than one day ____hr. ____min.

9. Birthplace Fred'k Co. Md.
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business None

FATHER
12. Name George W. Hammond
13. Birthplace Md.

MOTHER
14. Maiden Name Eliza J. Bond
15. Birthplace Md.

16 (a) Informant Hammond Smith
(b) Address Union Bridge Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof June 23 1940 (month) (day) (year)
(c) Cemetery or crematory Cemetery (Fairmont)
Location Libertytown

18 (a) Funeral director Powell Talbert
(b) Address Libertytown Md

19 (a) June 24 1940 (Date rec'd by registrar) (b) M. Eichelberger Registrar

MEDICAL CERTIFICATION

20. Date of death June 20 1940 at 5:55 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 4 1938, to June 20 1940, and that I last saw him alive on June 19 1940.

Immediate cause of death	Duration
Carcinoma of the intestines	4 mos.
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ira H. Beall M.D.
M. D. or other
Address Libertytown Md. Date signed 6/22/40

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JUL 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

06543

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County: Frederick

City ~~or town~~: Frederick
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: athletic Park

Stay in hospital or inst. (yrs., or mos., or days): —

Stay in this community (yrs., or mos., or days): 40 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Frederick

City ~~or town~~: Frederick Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: athletic Park
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: none

3. (a) FULL NAME: Wm. H. Smith

3. (b) Social Security Number: None

4. Sex: male

5. Color or race: W

6. (a) ~~Single, married~~, widowed, or ~~divorced~~: Widower

8 (b) Name of ~~husband~~ or wife: Florence V. Smith

6(c) If alive, give age: — years

7. Birth date of deceased (mo., day, yr.): 12-5-1870

8. AGE: Years: 69 Months: 6 Days: 19 If less than one day: — hrs. — min.

9. Birthplace: Wyoming
(Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business: —

FATHER
12. Name: James H. Smith
13. Birthplace: Wyoming

MOTHER
14. Maiden name: Don't know
15. Birthplace: Don't know

16. Informant: Alexander Smith
Address: Frederick, Maryland

17. Burial
(Burial, ~~cremation, or removal. Which?~~)
Date thereof: June 26-40 (month) (day) (year)

Cemetery or ~~crematory~~: Monrovia

Location: Monrovia, Maryland

18. Funeral director: C. E. Cline and Son
Address: Frederick, Md.

19 26 June 19 40
(Date rec'd by registrar)

J. W. Lundy
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 23 24th, 1940, at 8.30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from — 19 to — 19 and that I last saw him ~~alive~~ dead on June 24 1940

Immediate cause of death: Coronary Thrombosis — DURATION: immediate

Due to: arteriosclerosis — 10 yrs

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

DR. R. W. BAER
DEPUTY MEDICAL EXAMINER

23. SIGNATURE: R. W. Baer
M. D. or other

Address: Frederick, Md Date signed: 6.24.40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 131

06544

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Frederick

(b) ~~City or town~~ Frederick, Rural (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Emergency Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 22 days

(e) Length of stay in this community (yrs., mos., or days) 35 yrs.

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Frederick

(c) City ~~or town~~ Frederick (If outside city or town limits, write RURAL and give town)

(d) Street No. 486 W. South St. (If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) FULL NAME Clifford Stockman

3 (b) If veteran, name war None

3 (c) Social Security No. 220-10-5028

4. Sex male

5. Color or race white

6 (a) ~~Single~~, married, ~~widowed, or divorced~~. married

6 (b) Name of ~~husband or wife~~ wife Ethel Stockman Abrecht

6. (c) If alive, give age 53 years

7. Birth date of deceased (mo., day, yr.) Feb 1st 1885

8. AGE: Years 55 Months 4 Days 11 If less than one day ____ hr. — min.

9. Birthplace Frederick County Md. (Town, county, and state)

10. Usual occupation Drayman

11. Industry or business Baggage transfer

FATHER 12. Name Emory Stockman

13. Birthplace Jefferson, Maryland

MOTHER 14. Maiden Name Annie Wisner

15. Birthplace Frederick, Md.

16 (a) Informant Evangeline Rice R.N.

(b) Address Emergency Hospital

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof June 15-40 (month) (day) (year)

(c) Cemetery or ~~crematory~~ Mt. Olivet Cemetery

Location Frederick Maryland

18 (a) Funeral director C. E. Cline and Son

(b) Address Frederick Maryland

19 (a) 14-June-1940 (Date rec'd by registrar) (b) Ira J. McCurdy Registrar

MEDICAL CERTIFICATION

20. Date of death June 12 1940, at 7 a. M 15

21. I certify that death occurred on the date above stated; that I attended deceased from May 22 1940, to June 13 1940, and that I last saw him alive on June 13 1940.

Immediate cause of death Syphilitic Aortitis

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Durstion 2 months +

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature B. C. Thomas M. D. or other

Address Frederick, Md Date signed 6/14/40

VS-A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

CERTIFICATE OF DEATH

06545

Reg. Dist. No. 13

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Frederick

City or town: Frederick

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 308 West South Street

Stay in hospital or Inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 68 Years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Frederick

City or town: Frederick Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 308 West South St.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: NONE

3. (a) FULL NAME: William Emory Stockman

3. (b) Social Security Number: NONE

4. Sex	5. Color or race	6.(a) ~~Single, married~~, widowed, or ~~divorced~~
Male	White	Widower

6 (b) Name of ~~husband~~ or wife: Annie B. Whisner

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): August 20, 1857

8. AGE: Years	Months	Days	If less than one day
82	10	3	hrs. min.

9. Birthplace: Jefferson, Maryland (Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business:

FATHER — 12. Name: Perry Stockman; 13. Birthplace: Jefferson, Maryland

MOTHER — 14. Maiden name: Jane Etchison; 15. Birthplace: Jefferson, Maryland

16. Informant: Mr. Marshall H. Stockman

Address: 308 West South St., Fred., Md.

17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof: June 25, 1940 (month) (day) (year)

Cemetery or ~~crematory~~: Reformed Cemetery

Location: Jefferson, Maryland

18. Funeral director: M. R. Etchison & Son

Address: Frederick, Maryland

19. 24 June 1940 (Date rec'd by registrar) Ira J. McSurdy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 22 1940, at 11.45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1937 19__ to June 22 1940, and that I last saw him alive on June 22 1940.

Immediate cause of death: Cerebral Apoplexy — DURATION: 4 days

Due to: Arterio-Sclerosis and Hypotention

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: W. H. Bourne M.D. M. D. or other

Address: Frederick, Md. Date: 6-24-40

RECEIVED
JUL 5 1940
BUREAU V

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-d)

CERTIFICATE OF DEATH

06546

Reg. Dist. No. 134

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH:
County: Fredrick
City or town: Emmitsburg Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 50 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Fredrick
City or town: Emmitsburg Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Carrie Keefauver Stokes

3. (b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Fm	white	widow

B (b) Name of husband or wife: J. Henry Stokes
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): June 1, 1864

8. AGE: Years	Months	Days	If less than one day
76	00	5	hrs. min.

8. Birthplace: Fredrick Co, Md.
(Town, county, and state)
10. Usual occupation: housewife
11. Industry or business
FATHER 12. Name: Arthur Milton Keefauver
13. Birthplace: Fredrick Co, Md.
MOTHER 14. Maiden name: Charlotte Elizabeth Yamm
15. Birthplace: Frederick Co, Md
16. Informant: Mrs R.M. Zacharias
Address: Emmitsburg, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof June 9, 1940 (month) (day) (year)
Cemetery or crematory: Mountain View
Location: Emmitsburg Md.
18. Funeral director: S. L. Allison
Address: Emmitsburg, Md.
19. June 8 1940 (Date rec'd by registrar) M. F. Shuff Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 6 1940, at 9:30 P M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1926 19 to June 6 1940, and that I last saw her alive on June 6 1940.

Immediate cause of death	DURATION
Cerebral Hemorrhage	June 1940
Arteriosclerotic cardiovascular disease	several years
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations: none
Of autopsy: none

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: W. F. Cadle M.D. M. D. or other
Address: Emmitsburg Md Date signed 6-8-40

RECEIVED
JUL 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (99)

06547

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick

City ~~or town~~ Frederick City Hospital
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 weeks

Hospital, institution, or street address where death occurred:
Frederick City. Hospital

How long in hospital or institution? 2 weeks

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Frederick

~~City or town~~ Rural Near Emmitsburg
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war None

3.(a) FULL NAME Mary Ann Stull

3.(b) Social Security Number None

4. Sex: Female

5. Color or race: White

6.(a) ~~Single~~, married, ~~widowed, or divorced~~: Married

6.(b) Name of husband ~~or wife~~: Benjamin R. Stull

6.(c) If alive, give age 86 years

7. Birth date of deceased (mo., day, yr.): Feb. 26th. 1861

8. AGE: Years 79 | Months 3 | Days 15 | If less than one day ..... hrs. ..... min.

9. Birthplace Baltimore MD
(Town, county, and state)

10. Usual occupation House Wife

11. Industry or business Own Home

FATHER
12. Name John Rossman.
13. Birthplace Germany

MOTHER
14. Maiden name Unknown
15. Birthplace "

16. Informant Benjamin R. Stull
Address Emmitsburg. Md. R.F.D

17. Burial
(Burial, ~~cremation, or removal. Which?~~)
Date thereof Jun. 13th. 40 (month) (day) (year)

Cemetery or crematory Cemetery

Location Haugh's Cem. Nr. Ladiesburg

16. Funeral director M. L. Creager & Son.
Address Thurmont. MD

19. 12 - June 1940 (Date rec'd by registrar) Ira J. McSurdy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jun. 11th. 40 at 1 A:M M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 28 1940, to June 11 1940

and that I last saw her alive on June 10 1940

	DURATION
Immediate cause of death Gangrene of leg	2 wks
Due to Thrombosis of artery	2 wks
Due to arteriosclerosis	10 years
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE R. W. Barr M. D. or other

Address Frederick, Md Date signed 6.12.40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-a)

CERTIFICATE OF DEATH

06548

Reg. Dist. No. 131

1. PLACE OF DEATH:
County: Frederick
City or town: Church Hill, Rural
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Frederick, Md. R. D. 4
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 66yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Frederick
City or town: Rural- Church Hill Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Frederick, Md. R. D. 4
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: none

3. (a) FULL NAME: Milton Franklin Thomas

3. (b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	married

B (b) Name of husband or wife: Emma C. Sines
B(c) If alive, give age: 64 years

7. Birth date of deceased (mo., day, yr.): May 25, 1874

8. AGE: Years	Months	Days	If less than one day
66	0	20	hrs. min.

9. Birthplace: Church Hill, Fred., Md. (Town, county, and state)
10. Usual occupation: Farming
11. Industry or business

FATHER
12. Name: Samuel Thomas,
13. Birthplace: Church Hill, Md.

MOTHER
14. Maiden name: Ann Maria Hargett,
15. Birthplace: Church Hill, Md.

16. Informant: Mrs. Milton F. Thoams,
Address: Frederick, Md. R. D. 4

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 18, 1940 (month) (day) (year)
Cemetery or crematory: Mount Olivet Cemetery
Location: Frederick, Maryland.
18. Funeral director: M. R. Etchison & Son,
Address: Frederick, Md.

19. 17 June 1940 (Date rec'd by registrar) J. M. Lewis Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 15th., 1940, at 7.45A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 7, 1939, to June 15 1940, and that I last saw him alive on June 15 1940.

Immediate cause of death	DURATION
Cardiac decompensation	24 hrs.
Due to arteris-seleratic Cardio-vascular-renal disease	2 yrs (?)
Due to	
Other conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Charles A. Cooley, M.D.
M. D. or other
Address: Buckeystown, Md. Date signed 6/17/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 5 1948
BUREAU V. S.

Residence

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (170-C)

06549

CERTIFICATE OF DEATH

Reg. Dist. No. 136

1. PLACE OF DEATH:

County Frederick

City or town Nr. Fountain Mills
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County

City or town Nr. Fountain Mills Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME George B. Thompson

3. (b) Social Security Number

4. Sex Male

5. Color or race Colored

6. (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 1-1876

8. AGE: Years 63 Months 10 Days 22 If less than one day hrs. min.

9. Birthplace Frederick Co.
(Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name Albert Thompson
13. Birthplace Frederick Co.

MOTHER
14. Maiden name Mary Ellen Legine
15. Birthplace Montgomery Co.

16. Informant Luther Thompson
Address Tjamsville Md.

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof June 25-1940
(month) (day) (year)

Cemetery or crematory Ebenezer

Location Nr. Tjamsville Md.

18. Funeral director Hilton & Burdette
Address Hyattstown Md.

1940 June 25 1940 G. O. Hendrickson
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 23 1940, at 8:15 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ~~19 , to 19~~

and that I last saw him ~~alive~~ dead on June 23 1940

Immediate cause of death Fracture of skull — DURATION Immediate

Due to automobile accident

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of 6.23.40

Where did injury occur? Route 75 Frederick Co.
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Route 75

Means of injury automobile Injured at work?

23. SIGNATURE R. W. Bau (Deputy Med Examiner)
M. D. or other

Address Frederick Md Date signed 6-23-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUL 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

CERTIFICATE OF DEATH

06550

Reg. Dist. No. 132

1. PLACE OF DEATH:
County Frederick
City or town Middletown
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 11 Years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Frederick
City or town Middletown Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR No.

3. (a) FULL NAME Ethel M. J. Willard

3. (b) Social Security Number No.

4. Sex: Female
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Harry L. Willard
6 (c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.): Feb. 20 1887
8. AGE: Years 53 | Months 3 | Days 16 | If less than one day ____ hrs. ____ min.
9. Birthplace: Adamstown, Frederick County, Md. (Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business
FATHER 12. Name: Jacob Myers
13. Birthplace: Adamstown
MOTHER 14. Maiden name: Ella Myers
15. Birthplace: Middletown
16. Informant: Geo. A. Biddle
Address: Middletown Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof June 9-1940 (month) (day) (year)
Cemetery or crematory: Lutheran Cemetery
Location: Middletown Md
18. Funeral director: Gladhill & Co
Address: Middletown, Md.
19. June 9 1940 (Date rec'd by registrar) D. Grayson Sanner Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 6 1940, at 7.30 M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__ to ____ 19__, and that I last saw he alive on June 6 1940

Immediate cause of death	DURATION
Coronary Thrombosis	Immediate
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? ____ (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ____ Injured at work?

23. SIGNATURE P. W. Barr Deputy Med. Ex. M. D. or other
Address Frederick Md Date signed 6.6.40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
JUL 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131 — 06551

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Frederick

City or town: Frederick

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 201 Dill Avenue

Stay in hospital or Inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 20 Years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Frederick

City or town: Frederick Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 201 Dill Avenue

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: None

3. (a) FULL NAME: Tilghman Abraham Willard

3. (b) Social Security Number: None

4. Sex	5. Color or race	6. (a) single, married, widowed, or divorced
Male	White	Widower

6 (b) Name of husband or wife: Laura House

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): October 28, 1856

8. AGE: Years	Months	Days	If less than one day
83	7	15	hrs. min.

9. Birthplace: Frederick County Maryland (Town, county, and state)

10. Usual occupation: Retired Farmer

11. Industry or business:

FATHER — 12. Name: Abraham Willard

13. Birthplace: Frederick County Maryland

MOTHER — 14. Maiden name: Harriett Herpberger

15. Birthplace: Frederick County Maryland

16. Informant: Mrs. Ruth Kefauver

Address: 201 Dill Ave., Frederick, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 6/16/40 (month) (day) (year)

Cemetery or crematory: Union Cemetery

Location: Burkittsville, Maryland

18. Funeral director: M. R. Etchison & Son

Address: Frederick, Maryland

19. 14 June 1940 (Date rec'd by registrar) Ira J. McCurdy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 13th, 1940, at 6:45 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 10 1940, to June 13 1940, and that I last saw h[illegible] alive on June 13 1940.

Immediate cause of death	DURATION
Pneumonia (Lobar)	10 days
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: P. W. Barr M. D. or other

Address: Frederick, Md. Date signed: 6. N. 40

RECEIVED
JUL 5 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 37-a

06552

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick

~~City or town~~ Frederick Rural
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Emergency Hospital

Stay in hospital or inst. (yrs., or mos., or days) 1 day

Stay in this community (yrs., or mos., or days) Life.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Frederick

City ~~or town~~ Frederick Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 606 Klinehart's Alley
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR none

3. (a) FULL NAME Juanita Williams

3. (b) Social Security Number None

4. Sex: Female

5. Color or race: Col.

6. ~~(a) Single, married, widowed, or divorced~~: Married

B (b) Name of husband ~~or wife~~ Howard Williams

6(c) If alive, give age 41 years

7. Birth date of deceased (mo., day, yr.) Feb. 19. 1899.

8. AGE: Years 41 yrs. Months 4 Days 4 If less than one day ___ hrs. ___ min.

9. Birthplace Frederick Co. Md.
(Town, county, and state)

10. Usual occupation House-work

11. Industry or business

FATHER
12. Name Thomas Brooks
13. Birthplace Md

MOTHER
14. Maiden name Clara Jenkins
15. Birthplace Md.

16. Informant Miss Adelsberger Emergency
Address Hospital Frederick Md.

17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof June 25, 1940 (month) (day) (year)

Cemetery ~~or crematory~~ John Wesley Methodist Cemetery

Location Libertytown

18. Funeral director T. C. Barton.

Address Walkersville Md

19. 24-June 1940 (Date rec'd by registrar) J. M. Cundy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 23 1940, at 10 a.m. 45

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 22 1940, to June 23 1940, and that I last saw her alive on June 23 1940.

Immediate cause of death Encyphilitis

Due to —

Due to —

Other conditions —

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

DURATION 6/13/40

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work?

23. SIGNATURE [signature] Sean Sims M. D. or other

Address Frederick Md Date signed 6/24/40

RECEIVED
JUL 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46-5)

06553

CERTIFICATE OF DEATH

Reg. Dist. No. 144

1. PLACE OF DEATH:
County: Frederick
City or town: Taurmont
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 50 yrs
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Frederick
City or town: Taurmont
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war: None

3. (a) FULL NAME: JOHN EMORY WISOTZKEY

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife: Belva Weller Martin
6.(c) If alive, give age: 55 years
7. Birth date of deceased (mo., day, yr.): Nov. 14th. 1880

8. AGE: Years	Months	Days	If less than one day
59	7	0	...hrs. ...min.

9. Birthplace: Gettysburg - Adams Co. Pa.
(Town, county, and state)
10. Usual occupation: Merchant
11. Industry or business: Candy-Tobacco-Soda Fountain

FATHER
12. Name: Frederick L. Wisotzkey
13. Birthplace: Gettysburg Pa

MOTHER
14. Maiden name: Anna Mary Snyder
15. Birthplace: Penna. Gettysburg

16. Informant: Laura M. Wisotzkey
Address: Taurmont. MD

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Jun. 26th. 40 (month) (day) (year)
Cemetery or crematory: Blue Ridge Cemetery
Location: Taurmont. MD

18. Funeral director: M. L. Creager & Son.
Address: Taurmont. MD

19. June 25 1940 (Date rec'd by registrar) Anna M. Jones Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 23rd. 40. at 10 P.M. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1 1940 to June 23 1940 and that I last saw h. live alive on June 23 1940

Immediate cause of death	DURATION
Carcinoma of the pancreas	6 mos.
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: Carcinoma of pancreas with involvement of liver. Date of op. May 23-40

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: James A. Gray M.D. M. D. or other
Address: Taurmont Md. Date signed 6/24/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 5 1940
BUREAU V. S